

Music One Event DJs Estimate Request

ESTIMATE

Customer Information

Event / Business Title: _____

Contact Person: _____

Email: _____

Phone: _____

Event Details

Event Address:

Adress _____

Adress _____

City _____ Postal Code _____

Event Date: _____

DJ Start Time: _____

DJ End Time: _____

Number of guests: _____

Service Required: (Please circle)

DJ (Laptop Included)

Speakers (2+)

Lights

DJ Decks

Bass Bin(s)

Microphone

Speakers (2)

DJ Mixer

Background Music

Band Intergration

Smoke Machine

Preferred Method of Payment:

Cash

Cheque

Wireless Transfer

Credit Card

Estimate: _____

This form is for use of Music One Event DJs. This should be not considered an Invoice.