

DJ Service

Option #:

DJ Name:

Company:

Address:

Phone:

Email:

Start Time:

End Time:

Description of Wedding Package:

Main Wedding Package:

				\$
Additional Sound Equipment	<input type="checkbox"/>	Part of Package	<input type="checkbox"/>	Extra \$
Lighting Equipment	<input type="checkbox"/>	Part of Package	<input type="checkbox"/>	Extra \$
Special Effects	<input type="checkbox"/>	Part of Package	<input type="checkbox"/>	Extra \$
Dry Ice	<input type="checkbox"/>	Part of Package	<input type="checkbox"/>	Extra \$
Other	<input type="checkbox"/>	Part of Package	<input type="checkbox"/>	Extra \$
Other	<input type="checkbox"/>	Part of Package	<input type="checkbox"/>	Extra \$
Total Cost \$				_____

Notes: