

ADELAIDE PROFESSIONAL DJ's BOOKING FORM

Client Name:

Address:

Phone contact:

Email:

Deposit required: \$150

Occasion:

Function Date:

Start Time:

Finish Time:

Venue Name:

Number of Guests:

Venue Address:

Contact Person:

Package Price:	
Extras Required:	
Total Payable	

Amount Paid:

Payment Method

Amex _____ Cheque _____ Mastercard _____ Visa _____ Bankcard _____ Diners _____ Money Order _____ Other _____

Credit/debit Card Number

--	--	--	--	--	--	--	--	--	--	--	--

Card holders name _____ Signature _____ Card expiry date ____/____

**DEPOSIT PAYMENTS CAN BE ME MADE BY MONEY ORDER AND POSTED TO
PO BOX 10379 ADELAIDE BUSINESS CENTRE SA 5000**

PAYMENTS CAN ALSO BE MADE BY EFT OR CREDIT CARD