

# Event Of Your Dreams

c/o KIJAEVENT.COM  
P.O. BOX 1082  
EAST ORANGE, NJ 07019  
Phone: (201) 486-5947 Fax: (973) 995-4386  
Email: [eventofyourdreams@verizon.net](mailto:eventofyourdreams@verizon.net)

## CONTRACT AGREEMENT

### Event Of Your Dreams

c/o KIJAEVENT.COM  
Consultant

Client

P.O. BOX 1082  
Address

Address

East Orange, NJ 07019  
City/State/Zip

City/State/Zip

This AGREEMENT, dated this \_\_\_\_ day of \_\_\_\_\_, 2007 is entered into between the parties regarding:

1. SERVICES TO BE PROVIDED. The Client hereby agrees to engage the Consultant, Event Of Your Dreams to provide the Client with Party Services consisting of: (PLEASE CHECK ONE)

- Bachelorette Party: Rental of facility for 4 hours, decorating the banquet hall, preparing table settings (utensils, etc.), Dancer (performance 30-45 minutes), Music with DJ.
- Bridal Shower: Rental of facility for 4 hours, decorating the banquet hall, preparing table settings (utensils, etc.), Dancer (performance 30-45 minutes), Music with DJ.
- Birthday Party and/or Special Event: Rental of facility for 4 hours, decorating the banquet hall, preparing table settings (utensils, etc.), Music with DJ.

2. TIME & DATE OF EVENT. Event Of Your Dreams shall provided service for the date of \_\_\_\_\_ Client intends to use this service & facility for \_\_\_\_\_ from \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm to 4 hours after event has started.

3. PAYMENT. In consideration of Event Of Your Dreams service, the Client agrees to pay Event Of Your Dreams as follows:  
SERVICES:

TOTAL AMOUNT \$ \_\_\_\_\_

#### DEPOSIT:

The Client will pay a deposit in the minimum amount of \$450.00, which will be applied as a down payment against the total cost of the event. Event Of Your Dreams reserves the right to retain 50% of deposit for any cancellation, or the full deposit if cancellation takes place after the cancellation deadline.

The Client may cancel the event with Event Of Your Dreams up until two (2) weeks before the date of the event. After this time Client is liable for a cancellation penalty upon cancellation. If the Client cancels past the cancellation deadline the Client is required to pay the full deposit. NO REFUND.

DEPOSIT AMOUNT \$ \_\_\_\_\_

#### REMAINING BALANCE:

Remaining balance must be received at start of event. NO EXCEPTIONS.

REMAINING BALANCE \$ \_\_\_\_\_

4. FOOD. Client shall provide catering service of it's own choice. Client shall be responsible for the actions, food preparation, and liabilities of the said catering service. The facility kitchen is a "warming and cooling kitchen" only. Catering service shall not cook in the facility kitchen.
5. DAMAGES. Client accepts full responsibility for any damage that may occur. This includes damage to the building as well as the outdoor gardens as a consequence of the action or inaction of Client, or Client's guests. Any holdover of event beyond the stated time shall bill for a minimum one-hour increment, at the rate of \$100.00 per hour.

**I have fully read and I accept the terms and conditions of the above Contract Agreement.**

Agreed by the Parties and Executed on, \_\_\_\_\_ 2007.

Event Of Your Dreams

P.O. Box 1082  
East Orange, NJ 07019

Signature: \_\_\_\_\_

Client Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_