



performance contract

Contract was entered into on: _____

Name of Purchaser: _____

Address of Purchaser: _____

Phone number of Purchaser: _____

Type of Performance: _____

Time of Performance: _____

Date of Performance: _____

Location of performance _____

Room and floor number at location: _____

Name and phone # of person in charge at location: _____

Hourly rate agreed upon: _____

Minimum hours agreed upon: _____

Total fee agreed upon: _____

30% deposit due with contract: _____

Balance due in cash on said date: _____

Overtime Rate - \$300 per hour, 1 hour minimum

Meals will be provided for all band personnel when appropriate.

In the event the Purchaser must postpone or cancel the contract,

"The Scooby Snax" will refund the deposit only if the date can be sold to another client.

In the event that "The Scooby Snax" is unable to perform on this date,

all deposits will be returned and assistance will be given to find a suitable replacement.

(Purchaser)

(Band Member)

Mail Payments to:

**William Motroni dba Scooby Snax
26 Yeomans Avenue
Medford MA 02155**

The Scooby Snax contact info:

**Will (617) 835-0602
Jay (781) 245-1819
Jack (781) 826-4901**

Note: After this contract is received by "The Scooby Snax", a confirmation of deposit and a copy of this contract will be mailed to the Purchaser.

This contract should be returned within 14 days with deposit to guarantee your date.