

BRIAN DJ MILES

miles.brian@gmail.com

Contact Information

Name: _____ Day Phone: _____ Evening Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Event Information

Date of Event: _____ with **Brian Miles** Start Time: _____ End Time: _____

Location of Events: _____ Phone at Location: _____

Address of Location: _____

Type of Event: Wedding Bar/Bat Mitzvah Party
 Wedding Reception Class Reunion Other _____

Number of Guests: _____ Bride's Name: _____ Groom's Name: _____

(1) 3'x8' Banquet Table requested for set-up to be provided by Client/Caterer/Banquet Facility Coordinator

Account Information

Total Amount \$ _____

Paid By:

Deposit (50%) \$ _____

Cash _____

Balance Due \$ _____

Check # _____

Balance due on or before day/evening of event-payable to: **Brian Miles**
In case of cancellation, the deposit is non-refundable.

Client Signature _____

Date Signed _____

Brian Miles' Signature _____

Date Signed _____

Please Sign and Mail to: **Brian Miles • 2627 Dawnlake Dr. • Indianapolis, IN 46217**