

21ST CENTURY PRODUCTIONS SERVICE AGREEMENT

Thank you for choosing our Video Recording Services for your event. Please take a moment to provide us with the following information regarding the Video Package you have selected.

NAME OF BRIDE: _____

NAME OF GROOM: _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____

PHONE: _____

E-MAIL: _____

PACKAGE: SAPPHIRE -----
 RUBY -----
 EMERALD -----
 DIAMOND -----

DATE OF EVENT: _____

TIME SCHEDULED SERVICE TO BEGIN: _____ AM/PM

TIME SCHEDULED SERVICE TO END: _____ AM/PM

NAME & ADDRESS OF EVENT LOCATION:

ADDITIONAL COMMENTS/SERVICES:

TOTAL AMOUNT DUE: _____

Signature

Date

* Please read and sign the attached Policies & Procedures Letter.