

Video Projection Services Contract

Projection Date: _____

Time: _____ until _____ (Specify a 2-Hour Time Block)

Client Name _____

Phone Number _____

Address _____

City _____ State _____ Zip _____

Location Name _____

Location Address _____

City _____ State _____ Zip _____

Check All That Apply

Video Projector

DVD Player

Projection Screen

Audio Amplifier

Total : \$375.00

Due Date:

Please Make All Checks Payable To: Generations Video

Please Read Carefully

Description and Details: Generations shall provide projection services at your desired location on the specified date and time as indicated above. We allow a **2-hour window** from the time we arrive until the time we tear down. It shall be the client's responsibility to coordinate the time of showing with all others involved; i.e.: catering service at the hall, DJ, wedding planner, etc. In addition, it shall be the responsibility of the client to insure that we will be allowed **at least 13 feet of space** from projector to screen. An extra charge of \$50.00 per hour shall be incurred should we need to remain at the event longer than the specified time as stated above. Your montage shall be shown one time during the specified time frame as indicated at the top of this document.

Customer Signature _____ Date _____

The signee has agreed to all terms and conditions of this contract

**Generations Video Artistry (734) 516-1902
41436 Hanford Road, Canton, Michigan 48187**