

MD Face Painting

Contract

This agreement is between _____ and MD Face Painting for the date of service ____/____/2010.

One face painter: \$ ____ / hour for ____ number of hours = ____.

Additional face painter(s) \$ ____ / hour for ____ number of hours = ____.

Line keeper: \$ ____ / hour for ____ number of hours = ____.

Mileage reimbursement: \$ ____ / mile for ____ miles one-way = ____.

Your agreed total is \$ _____.

***Deposit** of \$ _____ will reserve your date _____ and time _____.*

Make check payable to:

Lori Gombart

Mail to:

1276 Cleveland Rapids Road

Roseburg, OR 97471

541-784-8841

Signed _____
(Coordinator of Event responsible for payment.)

Print Name _____

Phone _____

Date ____/____/2010

**(Mail deposit _____ days prior to event. Balance due upon my arrival at event.)
Please sign contract and mail with deposit to above address ASAP to reserve your time. Thank You!*