

# MOBILE BARTENDING SERVICES AGREEMENT

Location: \_\_\_\_\_ Date: \_\_\_\_\_

## Service Provider (Bartender) Information:

Full Name: \_\_\_\_\_

Government ID / Driver License No.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

## Client Information:

Full Name / Entity: \_\_\_\_\_

Contact Person (if applicable): \_\_\_\_\_

Address/Event Venue: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

## Event Details:

Event Date(s): \_\_\_\_\_

Event Location: \_\_\_\_\_

Event Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Number of Guests: \_\_\_\_\_

## Services and Equipment Provided:

Description of Bartending Services: \_\_\_\_\_

Equipment and Supplies Provided by Service Provider: \_\_\_\_\_

## Compensation and Payment Terms:

Total Fee for Services: \_\_\_\_\_ USD

Deposit Amount (if any): \_\_\_\_\_ USD

Payment Method and Schedule: \_\_\_\_\_

## Cancellation and Refund Policy:

Cancellation Terms: \_\_\_\_\_

**SERVICE PROVIDER SIGNATURE**

**CLIENT SIGNATURE**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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