

 **“Service Agreement”**

 This is an agreement for violin service being provided for: **­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

This agreement is between the service provider**: JaVonne Jones, (Owner of “A String**

**Thing” Violin services and JaVonne Jones Violin Music) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

Engagement Details: The engagement will be held on ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** at ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(address)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.***  The event will begin approximately at \_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** Rendered services will take place from \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_.

Subject to the terms and conditions of this Agreement, the service provider will arrive at least on hour prior to rendering service for a sound check. The following music genres were selected: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**The following music selections have been specified:

1.

2.

3.

***I. Payment and Terms***

1. ***Rate of Pay:*** The fees for the provided service is $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for \_\_\_\_\_\_\_\_\_\_ **musical selections.**
2. ***Accommodations:***

Hotel accommodations: Hotel accommodations are the responsibility of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** The selected hotel must be at least **4 stars. \_$\_\_\_\_\_\_** in fees are added to the total for hotel accommodations. Hotel confirmation must be sent with the contract *(****no later than 2 weeks prior to the event****).*

1. ***Travel Expenses:***  All events more than three hours in distance from Augusta, Georgia will require airfare*.* Airfare purchase confirmation must be sent with the contract (**no later *than 2 weeks prior to the event.)*** All events less than 3 hours in distance from Augusta, Georgia are subject to a $0.50/mile rate. An additional \_$**\_\_\_\_\_\_\_\_\_will be added to the total rate for mileage fees.**
2. ***Equipment:*** Below are the equipment needs for service:
* *Amplifier with Highs, Lows, and Reverb*
* *Extension cord*
* *Power strip*
* *¼ inch instrument cable*

The Service provider will provider her own equipment at an addition fee of**\_\_\_\_$\_\_\_\_\_\_\_\_.**

1. ***Rehearsal*** : If there will be a rehearsal and attendance is requested, an additional fee of **$50.00** will be added to the total. A rehearsal rate of \_$\_\_\_\_\_\_\_\_ is added to the total rate.

The total fee of **$\_\_\_\_\_\_\_\_\_\_\_** must be paid in the form of check, cashier’s check, money order, or paypal (jchere6@yahoo.com) prior to the beginning of the engagement. A **50% deposit** must be paid to secure the date of the service. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. THIS IS A NON-REFUNDABLE SECURITY DEPOSIT (***pending service provider cancellation***)** The deposit, signed service agreement, and hotel/travel accommodations (if applicable) is due no later than **2 weeks** prior to the service on **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** and sent to **1405 Brookstone Road, Hephzibah, GA 30815.** The remainder of the balance must be paid in **FULL prior to services being rendered.** *(The total fees can be paid in full and sent with contract on due date if preferred. All money will be reimbursed if an emergency should occur and service cannot be rendered).*

Please review all of the information above in the service agreement to assure that it is all valid and correct. If any changes need to be made, such as venue changes, date or time changes, or musical selection requests, please contact booking agent at 706-828-1839 or by email at javonnejonesviolinmusic@gmail.com prior to signing the agreement. If you agree with all of the terms above, please make sure you sign, print, and date below. Service provider will do the same sign amongst receiving the agreement. A copy of the signed agreement by both parties will be given at the time of rendered service.

Client Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Provider Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_