

# Memory Makers White Dove Releases

## Wedding Contract

## Package 1

This contract is an agreement of service between **Party A**, the service supplier (Memory Makers), and **Party B**, the service recipient, of a White Dove Release. The duties and responsibilities of both parties are as follows:

**Party A:** Memory Makers White Dove Releases

*Representatives: Greg or Nick Brozovich*

Address: 1133 White Cloud Road, Apollo, PA 15613

Greg: (724) 681-5774 Nick: (412) 527-7925

Responsibilities: Providing all of the said services in regards to Package 1

### Party B: Client

Name: \_\_\_\_\_ Package: 1

Street Address: \_\_\_\_\_ Event: Wedding

City, State, Zip: \_\_\_\_\_ Price: \$200.00\*

Day Phone: \_\_\_\_\_ Evening: \_\_\_\_\_ Email: \_\_\_\_\_

*\*Additional charge may apply based on distance of venue from Apollo, PA*

### Dove Release Location:

Name of Venue: \_\_\_\_\_

Street Address: \_\_\_\_\_ Bride: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Groom: \_\_\_\_\_

Time Ceremony Starts: \_\_\_\_\_ Approximate Time of Dove Release: \_\_\_\_\_ Date of Event: \_\_\_\_\_

### This agreement for "Package 1" represents:

The agreed price for this release is \$200.00, plus a possible \$50.00 for a distance of more than 15 miles from Apollo, PA. The package includes 2 doves with a pedestal basket for the bride and groom to release and music will play throughout the release. A minimum deposit of \$50.00 or "Payment in full" is required with the return of this signed contract. A \$50.00 deposit will not be refunded if the event is cancelled, postponed or if conditions (at our discretion) won't permit the doves to be released. We will refund any amount paid over the \$50.00 nonrefundable deposit amount. "Payment in full" is required TWO weeks prior to the date of the wedding and confirmation that no changes have been made to that stated on this document. Finally, you agree by signing and making a deposit on this contract, to "Hold Harmless" Memory Makers of ANY liability related to the Dove Release at the wedding.

By signing this document, I agree to this contract as written. **Name (in print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please sign and return one copy of this contract with your signature and payment to the address above.

If paying by check, enclose a check made payable to "Memory Makers" for the full amount of \$200.00 or a deposit of \$50.00.

If paying by credit/debit card you will be contacted directly to avoid complications with lost or stolen card numbers.

