

MARIACHI MEXICANISIMO AGREEMENT

NAME:	
ADDRESS:	
CITY:	ZIP CODE:
PHONE:	E-MAIL:

EVENT INFORMATION

DATE:	EVENT:
LOCATION:	
SCHEDULE: _____ to _____	
PRICE PER HOUR:	TOTAL HOURS:
TOTAL..... \$ _____	
DEPOSIT..... (50%)*\$ _____	
BALANCE.....*\$ _____	
Transportation \$ _____	

THE CLIENT SHOULD AGREE WITH THESE CONDITIONS: THE CANCELLATION WILL BE EFFECTIVE IF THE MARIACHI BAND IS ABLE TO GET ANOTHER CONTRACT FOR THE SAME DATE AND TIME IT WAS ORIGINALLY CONTRACTED TO PLAY. THIS WILL RESULT IN A 25% LOSS OF THE TOTAL CONTRACT. IF THE BAND IS NOT ABLE TO FIND ANOTHER CLIENT SHOULD PAY TOTAL AMOUNT PREVIOUSLY AGREED.

2.- THE BALANCE SHOULD BE PAID BEFORE THE PRESENTATION OF THE MARIACHI BAND IS OVER. IT SHOULD BE PAID IN CASH. IF PAID BY CHECK, OR CREDIT CARD **(IF THE CLIENT WANTS TO PAY BY CREDIT CARD , HE WILL BE CHARGED A FEE OF \$25.00 FOR EVERY \$500.00 CHARGED).** IT SHOULD BE PAID 8 DAYS BEFORE THE EVENT. **IF YOUR EVENT IS MASS, WEDDING OR QUINCEANERA IT SHOULD BE PAID MINIMUM ONE DAY BEFORE THE EVENT.**

3.- WEDDINGS, QUINCEANERAS, FUNERALS AND SPECIAL MASS. If the mass duration is more of one hour the mariachi band will be grab the reception time.

4.- THE MARIACHI BAND WILL TAKE 15 MINUTES BREAK EVERY HOUR.

5.- CANCELLATION ON THE PART OF THE MARIACHI BAND OR ABOVE MENTIONS GROUPS WILL TAKEN INTRO INTO AGREEMENT ON BOTH SIDES IN WRITING AND SIGNED.

6.-THE MARIACHI BAND WILL COMPLY WITH PROFFESIONALS MUSICIANS.

7.- THE AGREEMENT OF THE MARIACHI PERFORM IS FURTHER SUBJECT TO PROVEN INABILITY DUE TO SICKNESS, ACCIDENTS BY MEANS OF TRASPOTATION, RIOTS, STRIKES, EPIDEMICS, ACTS OF GOD, OR ANY OTHER LEGITIME CONDITIONS BEYOND THE CONTROL OF THE MARIACHI AND MUSICIANS. **IN THE EVENT THE CLIENT FAILS, NEGLETS OR REFUSES TO PAY THE WAGES OR OTHER PAYMENTS AGREED UPON HEREIN AND SUIT IS COMMENCED TO RECOVER THE AFORESAID OR ANY PART THEREOF, THE CLIENT SHALL BE RESPONSIBLE FOR THE ATTORNEY'S FEES., COURT COST AND EXPENSES INCURRED IN RECOVERY OF THE SUMS DUE.**

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS AND AGREE CONSENT TO THIS TERM AND CONDITIONS.

SIGNATURE* _____ DATE _____

MARIACHI MAGNAGER SIGNATURE _____ DATE _____

PLEASE MAKE THE CHECK PAYABLE TO : JOSE GUZMAN

MARIACHI MEXICANISIMO PO BOX 2572 OXNARD CA 93034
MARIACHI MEXICANISIMO PO BOX 6113 SANTA MARIA CA 93456
(805-598-5161)