

Psol International DJ Inquiry Application

“*” are require fields to fill.

*Client Name: _____

*Event Type: _____ Private Public

*Event Date: ____ / ____ / ____

*Event Start Time: ____ : ____

*Event Location Name: _____

*Address 1: _____ Address 2: _____

*City, ST: _____ *Zip Code: _____

Note: Travel Fee: \$15 per 25 miles after trip exceeds 50 miles from current residence.

*DJ Hours (2 hour minimum): _____

*Genre(s): _____ Clean Versions

Equipment (check what is needed):

PA Speakers

Lavalier or Wireless Microphone

Lights

Additional equipment not already own will have the rent cost added onto the invoice.

Contact Info

*Email: _____

Phone Number: (____) ____ - ____



Phone: (254) 624-1798

Email: alpatrii@psolintl.net