

Divers Training & Supply, Inc.

P.O. Box 11592 Charleston WV. 25339

Phone: (304) 545 - 2125 Fax: NA

E-Mail: diverprc@gmail.com Web: www.dtsdiving.com

Services Contract

This contract is entered into between **"Employer"** _____ and **Divers Training and Supply, Inc.** Divers Training and Supply will be providing these services through its owner and Instructor Peter R. Corbett and / or those working with him to assist in providing these services. All those who may be working with Divers Training & Supply, Inc. are working as "Independent Contractors" and may wish to negotiate their own fees outside of this Contract for any services they may personally render to the "Employer" named above and the person(s) named below.

This contract is entered into for the following services: **Private Scuba Diving Instruction** _____. The fees for these services are: **\$ 150.00 per person per hour with a minimum of one hour billed per contact occurrence scheduled regardless of cancellation or actual time spent.** This fee is exclusive of materials, supplies, equipment, and travel time and all applicable taxes. All services, materials, supplies, equipment and travel time will be billed and invoiced to the above named "Employer" with payment to be made at the conclusion of each contact occurrence or billed against a **retainer fee in the amount of \$** _____. The location and time for which these services will be provided may vary by mutual agreement of the parties named in this contract. They will include but are not limited to the following: Employer's residence or designated location, Instructor's residence or designated location, The S.C. Recreation Center, or _____. All information forms, medical statement forms, and waiver forms must be filled out by each person covered by this services contract.

Employers' Contact Information: E-mail: _____ @ _____

Name _____ Other Contact Person: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Phone #'s: (Home) _____ (Work) _____ Ext. _____ (Cell) _____

This contract is entered into for the person (s) listed below:

1. _____ Birth Date: ____ / ____ / ____ Accommodations requested: _____

2. _____ Birth Date: ____ / ____ / ____ Accommodations requested: _____

3. _____ Birth Date: ____ / ____ / ____ Accommodations requested: _____

4. _____ Birth Date: ____ / ____ / ____ Accommodations requested: _____

Signature of "Employer"

Scheduling Calendar For Contracted Services

#	Day	Date	Time	Location	Charge	Signature	Comment
1		/ /			\$		
2		/ /			\$		
3		/ /			\$		
4		/ /			\$		
5		/ /			\$		
6		/ /			\$		
7		/ /			\$		
8		/ /			\$		
9		/ /			\$		
10		/ /			\$		
11		/ /			\$		
12		/ /			\$		
13		/ /			\$		
14		/ /			\$		
15		/ /			\$		
16		/ /			\$		
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27		/ /			\$		
28		/ /			\$		
29		/ /			\$		
30		/ /			\$		