



Phone : 914-920-1596 Email: Ccandidmomentphotobooth@gmail.com

Client Information

Client Name : _____

Address: _____

Phone Number: _____

Email/ Fax: _____

Event Information

Type of Party: _____

Amount Charged \$ _____ Deposit: \$ _____

Date: (month) _____ (Day) _____ (year) _____

Time: _____

Special Request: Photobooth background _____

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I agree to the photo booth services rendered by Candid Moments Photo Booth on the date, time amount, deposit and the information stated above. Final payment is due on the date of the party. This is a written contract under the NYSCR Laws enforced in NY, New Jersey and Connecticut. **Make check payable to Christie Chin.**

Client **X** _____