

Digital Video Productions
171 Ball Pond Rd.
New Fairfield, CT 06812

PHONE: 203-74-MOVIE
FAX: 203-746-6843
WEB: www.moviemagic.org

MOVIE MAGIC CONTRACT

NAME _____ PHONE (H) _____
ADDRESS _____ PHONE (W) _____
CITY _____ STATE _____ ZIP _____
EVENT _____ EVENT DATE _____ TIME _____
E-MAIL _____ HOW DID YOU HEAR ABOUT US? _____

*Movie Magic will begin shooting at _____ AM/PM
and will continue until _____ AM/PM, for a total of _____ hours.
A tape will be given to each person who participates and will read:*

"I WAS A SUPERSTAR AT _____"

THE STUDIO WILL PROVIDE:

<input type="checkbox"/> CLASSIC MOVIE MAGIC _____	TOTAL _____
<input type="checkbox"/> DELUXE MOVIE MAGIC _____	CT TAX 6% _____
<input type="checkbox"/> PREMIERE MOVIE MAGIC _____	TOTAL DUE _____
<input type="checkbox"/> SUPREME MOVIE MAGIC _____	DEPOSIT (50%) _____
<input type="checkbox"/> OTHER _____	BALANCE DUE _____

1. In the event of a postponement or cancellation, the deposits paid are not refundable.
2. In the event the studio fails to comply with the terms of the contract due to any event or act outside the control of the studio, the studio's liability is limited to the refund of the deposit.
3. The overtime rate is \$300 per hour.
4. We reserve the right to use any audio/video for promotional purposes.

Client _____ Date _____ Digital Video Productions _____ Date _____

→ Please provide complete DIRECTIONS to event on back of contract →