Event Coordination Contract

Date: [Insert Date]

Client Name: [Insert Client Name]

Client Address: [Insert Client Address]

Event Date: [Insert Event Date]

Event Location: [Insert Event Location]

Scope of Services

The Coordinator agrees to provide the following services:

- Event Planning
- Vendor Coordination
- Budget Management
- On-site Management

Fees and Payment

The total fee for services rendered will be [Insert Fee]. A deposit of [Insert Deposit Amount] is required upon signing this contract.

Cancellation Policy

In the event of a cancellation, the following terms apply: [Insert Cancellation Terms].

Signatures

By signing below, both parties agree to the terms and conditions outlined in this contract.

_____

Client Signature

_____

Coordinator Signature