Event Logistics Coordination Contract

Date: [Insert Date]

Client Name: [Insert Client Name]

Client Address: [Insert Client Address]

Event Name: [Insert Event Name]

Event Date: [Insert Event Date]

Scope of Services

- Venue Coordination
- Vendor Management
- Logistics Planning
- On-Site Coordination

Payment Terms

The total fee for the services rendered is [Insert Fee]. A deposit of [Insert Deposit Amount] is required to secure the date.

Cancellation Policy

In case of cancellation, the deposit is non-refundable. Cancellations made within [Insert Time Frame] will incur a cancellation fee of [Insert Fee].

Agreement

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

Client Signature: _____

Coordinator Signature: _____

Date of Agreement: _____