

Protective Services Contract for Events

Date: [Insert Date]

Client Name: [Insert Client Name]

Event Name: [Insert Event Name]

Event Date: [Insert Event Date]

Event Location: [Insert Event Location]

Scope of Services

The Protective Services will provide the following services for the above-mentioned event:

- Security personnel on-site
- Risk assessment and management
- Emergency response planning
- Access control

Payment Terms

The total cost for the services will be [Insert Amount], payable [Insert Payment Terms].

Acceptance

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

Client Signature: _____ **Date:** _____

Protective Services Representative: _____ **Date:** _____