



CONTRACT AGREEMENT

This is a binding contract when signed by two Parties.

Contracting Party: _____
(please print)

Address: _____

Phone number: _____ Cell phone number: _____

Email: _____ Fax: _____

Event date: _____ Event time: _____ Package selection: _____

Amenities: _____

Total cost: _____ Amount due at contract signing: _____

Amount due within 3 weeks of event: _____ Date due: _____

Payment: Check(s): _____

Credit card: _____ Exp. date: _____

Date _____
Cecille Marcato, NCHM Administrator

Date _____
Contracting Party's signature

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