NYC Entertainment Field Service Event Form

This form must be completed and handed in for every event. Please fill out all information to the best of your knowledge

Date of event:_____ **Date Booked:**_____ **Confirmation #:** _____

Employee(s): _____

EVENT Location if not same as contact info

Contact name:_____ Address:_____

Address: _____ _____

City, State : _____ City, State_____

Email : _____

Contact phone: _____ Phone_____

Is this location: ❑ Home ❑ Hall ❑ Other (please specify _____)

Event Start time:_____ Event Stop time:_____

Event type: ❑ Birthday ❑ Grand Opening ❑ Benefit ❑ School Event ❑ Religious
❑ Fair\Carnival ❑ Anniversary ❑ Other Specify _____

Is this event for a: ❑ Boy ❑ Girl Name and age: _____

Approximate # of guests: _____ Approximate # of children: _____

Character(s) requested: _____

Machine(s) requested: _____

Other services: _____

Where did you hear about us_____

Special Considerations

Please fill out the following information correctly for this is very important and is pertinent that it is all correct. If you do not know this information and need some assistance, please contact us and ask, otherwise leave blank and management will complete.

Total travel time:_____ ❑ hrs _____ ❑ mins Tolls:_____ Was EZPASS used?:__Y / N __

Mileage used: _____ (To event and return to office (Round-trip)).

Was gas required? ❑ Yes ❑ No If Yes, please indicate how much: _____

What form of payment did customer pay with? (Check one)

Deposit: ❑ Cash ❑ Check (Check # _____) ❑ Money Order ❑ Paypal ❑ Cashiers Check ❑ N\A

Balance: ❑ Cash ❑ Check (Check # _____) ❑ Money Order ❑ Paypal ❑ Cashiers Check ❑ N\A

If customer is paying with a check, please make sure it is made out to NYC Entertainment and customers full address, license number and phone number is listed on the check. Also, customers may not pay total off with Paypal account unless first discussed with Management.

Total event price: _____ Deposit(s): _____

Balance: _____ **Paid in Full ❑ Yes ❑ No Date: _____**

Employee Signature(s): _____

For office use ONLY:

Check: ❑ Approved ❑ Denied (Basis _____)

Employees worked: _____ Employee(s) Paid: $_____

Management signature:_____

Date: _____