VIKI HALL STAFFING, LLC ORDER FORM

Event Date:	Sun M T W Th F S (Circle One)
Staff Arrival Time:	(Estimated) Staff Exit Time:
	 Phone:
Event Address:	
City:	Zip
Guest Count:	Guest Arrival Time:
	Outdoor Event: Y/N
Requested: # of W	aitstaff:# of Bartenders:
Notes (optional):	
Credit Card Authori	uest will be taken upon availability** Zation - Note: You will not be charged until *after* your event. An il before charges are made notifying you of the amount that the
provided Credit Card will be	charged.
Credit Card #	Exp: :Sec Code #
Name on Credit Card	:Sec Code #
Address on file with C	Card:
City:	de if different from event address**
Please make sure to more	de il dillerent ironi event address
I understand I am responsible cancel the requested staff with charges of 4 hours per staff/	nd between Viki Hall Staffing LLC and:
	d harmless while staff is present on event site. Date:
Signature:), contact@vikihallstaffing.com
Dalias/HUUSIUH, 214.051.7020	r, <u>contact@vikinalistaning.com</u>

Please execute this contract, and return to the email address that it was sent from – Please do not fax.