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Event Day/Date _____ Contact Date _____ Invoice number _____

Client(s): _____
Company: _____
Address: _____

Phone Number(s) or email: _____

Event Info:
Event Date: _____ Event Start Time: _____ Expected End Time: _____
Event Location: _____ Location Contact: _____
Address: _____

Remarks: _____

Ice Sculpture Description(s):
Title(s): _____

Remarks: _____

Quoted Price (w/o tax): _____ Price w/tax: _____ Required Deposit: _____
Received: _____ Check #: _____ Balance Due: _____ Date Balance Due: _____

Ice Dragon Ice Sculptures will provide the ice sculpture(s) outlined above for the described event(s). Actual sculpture designs and/or detailed descriptions are on attached pages(s) or provided separately. Sculpture(s) will be in place before event start time(s). Sculpture quality is guaranteed. A nonrefundable deposit is required as indicated above for acceptance of contract. Balance is due one month before the event date and is required for delivery of sculpture(s).

Ice Dragon Representative Signature: _____ Date: _____

Client Signature: _____ Date: _____