



DELTRAN TOWNSHIP
900 CHESTER AVENUE
DELTRAN, NJ 08075

PHONE: (856)-461-7736 FAX: (856)-764-7364

Purchase Order

THIS NUMBER MUST APPEAR ON ALL INVOICES,
PACKING LISTS, CORRESPONDENCE, ETC.

NO. **21-02204**

ORDER DATE: 10/07/21

DELIVERY DATE:

STATE CONTRACT:

F.O.B. TERMS:

PURCHASE TYPE:

VENDOR PHONE #: (856)701-0051

VENDOR FAX #:

SHIP TO

DELTRAN TOWNSHIP-ADMINISTRATION
900 CHESTER AVENUE
DELTRAN, NJ 08075

VENDOR

Vendor #: GOEVE021

GO EVENTS INC
P.O. BOX 1872
LAUREL SPRINGS, NJ 08021

151 1440 PAYMENT RECORD 10/7/21

Check No. _____ Date Paid _____

Please supply a copy of your NJ Business Registration Certificate NJSA 52:32-44(d).
When applicable all "NJ RIGHT TO KNOW" information and labels must be included with goods.
If not, this must be stated with the packing slip.

TAX EXEMPT UNDER PROVISIONS OF N.J. SALES AND USE TAX ACT (CHAPTER 30,
LAWS OF 1966)

NOTICE: TAX EXEMPT - TAX ID: 21-6000525

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	SENSATIONAL SOUL CRUISERS & DJ	T-15-56-860-866-000	2,750.0000	2,750.00
	DELTRAN EVENT CARLI LLOYD RETIREMENT	Trust: Res. Delran Events		
1.00	SENSATIONAL SOUL CRUISERS & DJ	T-15-56-860-866-000	3,200.0000	3,200.00
		Trust: Res. Delran Events		
			TOTAL	=====
				5,950.00

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under penalties; of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any; person or persons within the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

attached
VENDOR SIGN HERE

OFFICIAL POSITION

DATE

TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.

SIGNATURE TITLE DATE

CERTIFICATE OF LIABILITY INSURANCE: THE TOWNSHIP OF DELTRAN SHALL BE NAMED AS AN ADDITIONAL INSURED FOR GENERAL LIABILITY, AUTO LIABILITY AND WORKERS COMPENSATION AND EMPLOYER'S LIABILITY

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW

CERTIFICATION OF FUNDS

I hereby certify that funds are available as encumbered.

Karen S. Gross
SIGNATURE - CFO

Jeffrey S. Hatcher, BA
ADMINISTRATOR - APPROVED



DELRAN TOWNSHIP
900 CHESTER AVENUE
DELRAN, NJ 08075

PHONE: (856)-461-7736 FAX: (856)-764-7364

SHIP TO

DELRAN TOWNSHIP-ADMINISTRATION
900 CHESTER AVENUE
DELRAN, NJ 08075

VENDOR

Vendor #: GOEVE021

GO EVENTS INC
P.O. BOX 1872
LAUREL SPRINGS, NJ 08021

Purchase Order

THIS NUMBER MUST APPEAR ON ALL
INVOICES, PACKING LISTS,
CORRESPONDENCE, ETC.

NO. 21-02204

ORDER DATE: 10/07/21

DELIVERY DATE:

STATE CONTRACT:

F.O.B. TERMS:

PURCHASE TYPE:

VENDOR PHONE #: (856) 701-0051

VENDOR FAX #:

PAYMENT RECORD

CHECK NO.

DATE PAID

NOTICE: TAX EXEMPT - TAX ID: 21-6000525

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	SENSATIONAL SOUL CRUISERS & DJ	T-15-56-860-866-000	2,750.0000	2,750.00
	DELRAN EVENT CARLI LLOYD RETIREMENT	Trust: Res. Delran Events		
1.00	SENSATIONAL SOUL CRUISERS & DJ	T-15-56-860-866-000	3,200.0000	3,200.00
		Trust: Res. Delran Events		
			TOTAL	=====
				5,950.00

Dept.-Received Rept.

OFFICER'S CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.

SIGNATURE

TITLE

DATE



DELRAN TOWNSHIP
900 CHESTER AVENUE
DELRAN, NJ 08075

PHONE: (856)-461-7736 FAX: (856)-764-7364

SHIP TO

DELRAN TOWNSHIP-ADMINISTRATION
900 CHESTER AVENUE
DELRAN, NJ 08075

VENDOR

Vendor #: GOEVE021

GO EVENTS INC
P.O. BOX 1872
LAUREL SPRINGS, NJ 08021

Purchase Order

THIS NUMBER MUST APPEAR ON ALL
INVOICES, PACKING LISTS,
CORRESPONDENCE, ETC.

NO. 21-02204

ORDER DATE: 10/07/21

DELIVERY DATE:

STATE CONTRACT:

F.O.B. TERMS:

PURCHASE TYPE:

VENDOR PHONE #: (856) 701-0051

VENDOR FAX #:

PAYMENT RECORD

CHECK NO.

DATE PAID

NOTICE: TAX EXEMPT - TAX ID: 21-6000525

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	SENSATIONAL SOUL CRUISERS & DJ DELRAN EVENT CARLI LLOYD RETIREMENT	T-15-56-860-866-000 Trust: Res. Delran Events	2,750.0000	2,750.00
1.00	SENSATIONAL SOUL CRUISERS & DJ	T-15-56-860-866-000 Trust: Res. Delran Events	3,200.0000	3,200.00
			TOTAL	=====
				5,950.00

Finance File Copy

OFFICER'S CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.

SIGNATURE

TITLE

DATE



DELRAN TOWNSHIP
900 CHESTER AVENUE
DELRAN, NJ 08075
PHONE: (856)-461-7736 FAX: (856)-764-7364

SHIP TO

DELRAN TOWNSHIP-ADMINISTRATION
900 CHESTER AVENUE
DELRAN, NJ 08075

VENDOR

Vendor #: GOEVE021

GO EVENTS INC
P.O. BOX 1872
LAUREL SPRINGS, NJ 08021

Please supply a copy of your NJ Business Registration Certificate NJSA 52:32-44(d).
When applicable all "NJ RIGHT TO KNOW" information and labels must be included with goods.
If not, this must be stated with the packing slip.

TAX EXEMPT UNDER PROVISIONS OF N.J. SALES AND USE TAX ACT (CHAPTER 30, LAWS OF 1966)

NOTICE: TAX EXEMPT - TAX ID: 21-6000525

Purchase Order

THIS NUMBER MUST APPEAR ON ALL INVOICES,
PACKING LISTS, CORRESPONDENCE, ETC.

NO. 21-02204

ORDER DATE: 10/07/21
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:
PURCHASE TYPE:
VENDOR PHONE #: (856)701-0051
VENDOR FAX #:

PAYMENT RECORD

Check No. _____ Date Paid _____

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	SENSATIONAL SOUL CRUISERS & DJ	T-15-56-860-866-000	2,750.0000	2,750.00
	DELRAN EVENT CARLI LLOYD RETIREMENT	Trust: Res. Delran Events		
1.00	SENSATIONAL SOUL CRUISERS & DJ	T-15-56-860-866-000	3,200.0000	3,200.00
		Trust: Res. Delran Events		
			TOTAL	5,950.00

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under penalties; of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any; person or persons within the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

VENDOR SIGN HERE

Manager 10/7/2021

OFFICIAL POSITION DATE

84-3843147

TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.

SIGNATURE TITLE DATE

CERTIFICATE OF LIABILITY INSURANCE: THE TOWNSHIP OF DELRAN SHALL BE NAMED AS AN ADDITIONAL INSURED FOR GENERAL LIABILITY, AUTO LIABILITY AND WORKERS COMPENSATION AND EMPLOYER'S LIABILITY

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW

CERTIFICATION OF FUNDS

I hereby certify that funds are available as encumbered.

SIGNATURE - CFO

ADMINISTRATOR - APPROVED



21-02204
Go Events Inc

P.O. Box 1872 Laurel Springs NJ 08021

Phone: 8567010051

CONTRACT

CONTRACT NO.: 448183

CLIENT INFORMATION

CONTACT: Jeffery Hatcher Township Administrator
COMPANY: Delran Township
ADDRESS: 900 Chester Avenue
CITY, ST, ZIP: Delran, NJ 08075

MOBILE: 856-461-7734
WORK:
FAX:
EMAIL:

EVENT INFORMATION

EVENT DATE: Thursday, October 14, 2021
EVENT NAME: Delran Carli Lloyd Retirement Event
EVENT TYPE: Corporate Event

START TIME: 6:00 PM
END TIME: 7:00 PM
SETUP TIME: 3:00 PM
ACT: Sensational Soul Cruisers + DJ

LOCATION INFORMATION

VENUE: Delran Community Park
ADDRESS: 12 Hartford Rd, Delran, NJ 08075
Delran, NJ 08075

CONTRACT NOTES

Water for sound check, a dressing room must be provided

SUMMARY OF CHARGES

EVENT PRICE: \$5,950.00
DEPOSIT REQUIRED: \$2,750.00
BALANCE DUE: \$3,200.00

Continued on next page

TERMS AND CONDITIONS

1. **ENTIRE AGREEMENT:** This agreement represents the full and complete understanding between **Go Events Inc** and **Delran Township**. This writing supersedes all prior and simultaneous agreements or understandings, either written or oral, between the parties. In the event that any party to this agreement wishes to alter or amend any of the terms set forth herein, such alterations must be set forth in a written document and signed by all relevant and necessary parties.

2. **CLIENT CAPACITY TO CONTRACT:** Client affirms that he/she is at least 18 years old and has the legal capacity to enter into a contract with **Go Events Inc**

3. **RESERVATION:** Upon client's signature, Go Events Inc services will be reserved for the time and date specified above. The reservation retainer of \$2,750.00 is non-refundable. In the event of a inclement weather the reservation fee is non- refundable. In the event the engagement is cancelled due to a National or Local declared State of Emergency, or an Act of God the reservation retainer will be transferred to a mutually agreeable date by both parties. If a new date can not be mutually agreed upon a mutually agreeable upon suitable replacement will be procured by Go Events Inc at the agreed upon terms and fees of this contract.

***COVID-19 CLAUSE: If the event date is changed due to the effects of COVID-19 the deposit can be transferred to a new date mutually agreed upon by Go Events Inc and client. If a new date can not be mutually agreed upon a mutually agreeable suitable replacement will be procured by Go Events Inc at the agreed upon terms and fees of this contract. If the event is canceled due to the effects of COVID-19 50% of the original retainer will be refunded

4. **PAYMENT:** The client understands and agrees that the remaining amount is due 2 days prior to the event. Payment shall be made in the form of check or credit card. Failure to make required payments on the schedule will result in a breach of contract and the client will forfeit event coverage with no refund of monies having previously been paid by the client. If the client cancels the services that are the subject of this contract prior to the service date for any reason, regardless of fault, the entire retainer shall be forfeited and will result in the cancellation of this contract by **Go Events Inc**. If the cancellation occurs by client for any reason within two weeks prior to the event date and **Go Events Inc** is not able to find comparable employment through ordinary due diligence for the date of the event, Go Events Inc shall reserve the right to demand, and client agrees to pay, full payment of the contract amount contained herein.

5. **TIMELINE:** The client will be responsible for completing and returning a timeline in a timely manner, but not less than prior to the scheduled service date, to **Go Events Inc**. The role of the timeline is to provide **Go Events Inc** with the necessary information needed to provide satisfactory services on the date requested. It is recommended that the client provide **Go Events Inc**, with a list of all requests, power points, videos and ceremonies that the clients wish to have during the contracted service time. **Go Events Inc** will make every possible effort, within reason, to provide the items requested on the reception planning sheet.

6. **VENUE OBLIGATIONS:** In order to carry out the services contemplated by this contract, **Go Events Inc** must have the full cooperation of the venue where said services are to be rendered. **Go Events Inc** must also be provided with the following equipment at the venue where services will be rendered: an electrical power source and any applicable public entertainment licenses required by law for the venue where services will be rendered. **Go Events Inc** will not be responsible for the above-mentioned items and in the event that these items are not provided by the venue where services will be rendered, **Go Events Inc** shall not be held liable for the inability to provide the services obligated under this contract. It is the client's responsibility, not that of **Go Events Inc** to ensure that the necessary equipment is provided by the venue.

7. **ASSIGNMENT OF THIS CONTRACT:** The services obligated under this contract may not be assigned to any other party without the express written consent of **Go Events Inc**.

8. **LIMIT OF LIABILITY:** **Go Events Inc** warrants and declares that every effort will be made to provide high-quality entertainment services. In the unlikely event of severe medical, natural, or other emergencies, it may be necessary to retain an alternative service. **Go Events Inc** will make every effort to secure a replacement and/or willing to provide similar entertainment services under this contract. If such a situation should occur and a suitable replacement is not found, responsibility and liability are limited to the return of all payments received under this contract.

9. **SEVERABILITY:** In the event that any provision of this agreement is held to be invalid or unenforceable under applicable law, the validity of this agreement as a whole shall not be affected, and the other provisions of the agreement shall remain in full force and effect.

10. **CONTRACT AMENDMENTS:** This contract has been freely negotiated and shall be recognized as the entirety of the agreement. Only those changes or modifications specifically placed in writing, attached, dated and signed by the client and **Go Events Inc** at the time acceptance of such terms shall be recognized as amendments to this contract.

11. **DISPUTE RESOLUTION:** In the event that any controversy arises as a result of this contract, the parties agree that good faith efforts will be made to submit their differences to mediation. This effort shall be a prerequisite to any further action by either party to enforce the terms of this contract. In the event that mediation fails, any differences between the parties shall be submitted to arbitration. Such arbitration shall be the sole forum for any differences between the parties under this contract and shall be adjudicated under the laws of the State of NJ. This arbitration shall be in conformance with the rules and procedures mandated by the American Arbitration Association. Should legal efforts be required to enforce the terms of this contract, in addition to other sums recoverable herein, the client will pay all costs of collection, including, but not limited to, reasonable attorney fees.

This contract is a binding and legal document and is made for the purposes of entering into a contract for services. I have read, understood and agreed to all terms set forth above. By signing below, I hereby agree to the terms of this contract.

CLIENT

SIGNATURE:

Jeffrey S. Hatcher, BA

NAME: Jeffery Hatcher Township
Administrator/Delran Township

DATE: 10/7/21

COMPANY

SIGNATURE:

NAME: Alex Glover

DATE:



DELRAN TOWNSHIP
900 CHESTER AVENUE
DELRAN, NJ 08075

PHONE: (856)-461-7736 FAX: (856)-764-7364

Purchase Order

THIS NUMBER MUST APPEAR ON ALL INVOICES,
PACKING LISTS, CORRESPONDENCE, ETC.

NO. 21-02204

ORDER DATE: 10/07/21

DELIVERY DATE:

STATE CONTRACT:

F.O.B. TERMS:

PURCHASE TYPE:

VENDOR PHONE #: (856)701-0051

VENDOR FAX #:

SHIP TO

DELRAN TOWNSHIP-ADMINISTRATION
900 CHESTER AVENUE
DELRAN, NJ 08075

VENDOR

Vendor #: GOEVE021

GO EVENTS INC
P.O. BOX 1872
LAUREL SPRINGS, NJ 08021

1st 1440 PAYMENT RECORD 10/7/21
Check No. 2nd 1441 Date Paid 10/14/21

Please supply a copy of your NJ Business Registration Certificate NJS 52:32-44(d).
When applicable all "NJ RIGHT TO KNOW" information and labels must be included with goods.
If not, this must be stated with the packing slip.

TAX EXEMPT UNDER PROVISIONS OF N.J. SALES AND USE TAX ACT (CHAPTER 30,
LAWS OF 1966)

NOTICE: TAX EXEMPT - TAX ID: 21-6000525

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	SENSATIONAL SOUL CRUISERS & DJ	T-15-56-860-866-000	2,750.0000	2,750.00
	DELRAN EVENT CARLI LLOYD RETIREMENT	Trust: Res. Delran Events		
1.00	SENSATIONAL SOUL CRUISERS & DJ	T-15-56-860-866-000	3,200.0000	3,200.00
		Trust: Res. Delran Events		
			TOTAL	5,950.00

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under penalties, of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any; person or persons within the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

VENDOR SIGN HERE

OFFICIAL POSITION

DATE

TAX ID NO. OR SOCIAL SECURITY NO

OFFICER'S CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.

SIGNATURE

TITLE

DATE

CERTIFICATE OF LIABILITY INSURANCE: THE TOWNSHIP OF DELRAN SHALL BE NAMED AS AN ADDITIONAL INSURED FOR GENERAL LIABILITY, AUTO LIABILITY AND WORKERS COMPENSATION AND EMPLOYER'S LIABILITY

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW

CERTIFICATION OF FUNDS

I hereby certify that funds are available as encumbered.

SIGNATURE - CFO

ADMINISTRATOR - APPROVED