



Office of Student Activities
 1 John Carroll Blvd.
 University Heights, OH 44118
 Phone: 216.397.4288
 Fax: 216.397.1818

CONTRACT AGREEMENT

THIS AGREEMENT made the _____ day of _____, 20____, by and between John Carroll University (JCU), hereafter called the Buyer and _____, hereafter called the Artist _____ . The payee’s Federal ID number or social security number is _____ . The Artist will be providing the service/performing the following: _____ .

Artist and Buyer agree as follows:

- 1. NAME of PERFORMER _____
 - 2. DATE(s) of PERFORMANCE _____
 - 3. VENUE of PERFORMANCE _____
 - 4. BUYER CONTACT Lisa Ramsey, Director of Student Activities.
 - 5. CITY/STATE of PERFORMANCE University Heights, Ohio
 - 6. PHONE #/FAX # 216.397.4288/216.397.1818
 - 7. TIME(s) of PERFORMANCE _____
 - 8. LENGTH OF PERFORMANCE _____
 - 9. PERFORMANCE FEE _____
 - 10. PAYABLE as FOLLOWS Artist will be paid on the night of the performance with a University check.
 - 11. TRANSPORTATION _____
 - 12. LOCAL AIRPORT Cleveland Hopkins International Airport – 25 minutes
 - 13. LODGING/ACCOMODATION 1 nights’ accommodation for artist
 - 14. MEALS 1 meal for artist
 - 15. ARTIST TECHNICAL NEEDS _____
- ARTIST SPECIAL NEEDS: _____

Signed this _____ day of _____, 20____

BUYER _____
 As agent of John Carroll University

ARTIST _____

TITLE _____ Director of Student Activities

TITLE _____