



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 day of MONTH 2012, by and between John Carroll University (JCU), hereafter called the Buyer and NAME OF ARTIST, hereafter called the Artist ARTIST'S ADDRESS. The payee's Federal ID number or social security number is FEIN # or Social Security Number. The Artist will be providing the service/performing the following: DESCRIBE WHAT THE ARTIST WILL BE DOING.

Artist and Buyer agree as follows:

- | | |
|------------------------------|--|
| 1. NAME of PERFORMER | NAME |
| 2. DATE(s) of PERFORMANCE | DATE |
| 3. VENUE of PERFORMANCE | LOCATION |
| 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 | TIME |
| 8. LENGTH OF PERFORMANCE | LENGTH |
| 9. PERFORMANCE FEE | AMOUNT (inclusive of travel) |
| 10. PAYABLE as FOLLOWS | Artist will be paid on the night of the performance with a University check. |
| 11. TRANSPORTATION | DESCRIBE ANY NEEDS |
| 12. LOCAL AIRPORT | Cleveland Hopkins International Airport – 25 minutes |
| 13. LODGING/ACCOMODATION | 1 nights lodging in local hotel |
| 14. MEALS | 1 meal for artist |
| 15. ARTIST TECHNICAL NEEDS | |

ARTIST SPECIAL NEEDS: _____

Signed this DAY day of MONTH, 2012

BUYER _____
 As agent of John Carroll University

ARTIST _____

TITLE Director of Student Activities

TITLE _____