Office of Student Activities
20700 North Park Blvd.
University Heights, OH 44118
Phone: 216.397.4288
Fax: 216.397.1818

CONTRACT AGREEMENT

THIS AGREEMENT made the _____ day of _____, by and between John Carroll
(number) (month and year)
University (JCU), hereafter called the Buyer and _____, hereafter called the Artist _____
(name of performer)
_____. The payee's Federal ID number or social security number is _____
(artist's mailing address). (FEIN # or SSN)
_____. 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 _____
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 (inclusive of travel) _____
10. PAYABLE as FOLLOWS Artist will be paid at the time of the performance with a University check.
11. TRANSPORTATION NEEDS _____
12. LOCAL AIRPORT Cleveland Hopkins International Airport – 25 minutes
13. LODGING/ACCOMODATION NEEDS _____
14. MEALS _____

ARTIST TECHNICAL OR OTHER SPECIAL NEEDS:_____

_____

Signed this _____ day of _____, ___(Year)

BUYER _____ ARTIST _____
As agent of John Carroll University

TITLE_____Director of Student Activities_____ TITLE_____