

One Washington Square Student Union, Room 1800 San José, CA 95192-0129

t: 408-924-6200 **f:** 408-924-6220 as.sjsu.edu

CONTRACT REQUEST FORM

All fields must be filled out

Date:								
Student Organization/I	Departn	ent:						
Person Responsible: Email Address:					St	Student ID #:		
					Pl	Phone #:		
		P	ERFOI	RMERS'	INFORMAT	ΓΙΟΝ		
Performer Name(s):								
Honorarium:	YES	OR	NO	(please c	circle one)			
(If this i	s an Hor	orariun	ı, a Soci	ial Security	or Federal To	ax I.D. number is not required	<i>!</i> .)	
Social Security	# or Fed	leral Ta	x I.D. #	!:				
Performer Mai	ling Ado	dress: _						
					Zip:			
Phone #	#:							
Performer's Ag	gent (If A	Applical	ble):					
Performer's Ag	gent Add	lress:						
						Zip:		
Date of Event(s):				Loc	cation(s):			
Make check payable to	:				A	Amount of contract:		
Beginning and Ending	time of	Event: _					_	
Number of Shows:					First show	First show(s) to begin at		
Length of each show(s)			n	ninutes	Length of	f each break(s)	minutes	

NOTE

Please submit a brief description/mini biography regarding the artist(s)/performer(s)/speaker(s) with this Contract Request Form.