



### CONTRACT INFORMATION FORM

Please attach this completed form to the original contract and submit to SAMSA (Hughes-Trigg Student Center Suite 300) at least 30 days prior to the event.

Name of organization submitting contract: \_\_\_\_\_

Organization Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization Advisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Co-Sponsors for Event (if any): \_\_\_\_\_

Nature of Program/Service for which the contract is issued: \_\_\_\_\_  
(ex: speaker, musician, workshop facilitator, vendor, etc.)

Name of Artist providing program/service: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Tax ID#/Social Security #: \_\_\_\_\_

List names of additional artists who will appear with artist named above: \_\_\_\_\_

Name of Agent/Agency (if one is used): \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_

Event Location (Please include building and room): \_\_\_\_\_

Brief outline of what will happen at event: \_\_\_\_\_

Will the Artist be called upon to do anything else other than what is listed above?

(ex: participate in a dinner, classroom visit, perform a teaser, etc.) Yes No

If yes, what? \_\_\_\_\_

How much are you paying for the event? Please itemize. \_\_\_\_\_

To whom will payment be made? \_\_\_\_\_

When will payment be made? \_\_\_\_\_



Does the amount above include airfare, meals, hotel accommodations? \_\_\_\_\_

Is the organization paying for...?

Meals (circle) Yes No # of meals: \_\_\_\_\_

Airfare (circle) Yes No Cost of airfare: \_\_\_\_\_

Who will make reservations? \_\_\_\_\_

Hotel (circle) Yes No

Name of hotel: \_\_\_\_\_

Address of hotel: \_\_\_\_\_

Phone # of hotel: \_\_\_\_\_

# of nights: \_\_\_\_\_ # of rooms: \_\_\_\_\_

Type of room Suite Single Double Who makes reservations? \_\_\_\_\_

Is the organization paying for anything else? If so, what? \_\_\_\_\_

What equipment is needed for the event? (ex: microphone, staging, lights, table, chair, etc.)  
\_\_\_\_\_

Who will provide the equipment? \_\_\_\_\_

Will the organization provide staff for the event? (ex: help load-in/load-out)

(Circle) Yes No If yes, please specify: \_\_\_\_\_

List any other requirements that you have agreed to: \_\_\_\_\_

List any other requirements that the Agent/Artist has agreed to: \_\_\_\_\_

Will anything be sold in conjunction with this event: (t-shirts, books, CD's?) \_\_\_\_\_

Will an admission fee be charged? (Circle) Yes No If yes, how much: \_\_\_\_\_

If profits are made, how will they be divided? \_\_\_\_\_

Where will the organization derive the funds to pay for the costs associated with this event? \_\_\_\_\_

Have you contacted Risk Management? (Circle) Yes No

**If no, please contact them before submitting this form.**

Have you completed the TULIP Form? (Circle) Yes No N/A

Do you have a Certificate of Insurance from the Vendor/Artist/Agency? Yes No

List any other points that should be included in the contract: \_\_\_\_\_