

CONTRACT INFORMATION SHEET

Payee cannot be a principal member of the sponsoring student organization

A. EVENT INFORMATION		B. SPONSOR CONTACT INFORMATION	
Event Name		Organization/Department Name	
Event Date		Principal Member/Contact Name	
Event Start Time	Event End Time	Contact Phone (____) _____ - _____	Contact Email
Event Location		Organization/Department Mail Code	

Contract Delivery Method (check one) Fax Sponsor to pick up from University Events Office Mail

C. ARTIST INFORMATION	
Name of Artist/ Speaker/ Group	Services to be provided by artist
Performance Start Time	Performance End Time
UCSD to Provide (check all that apply): <input type="checkbox"/> Sound <input type="checkbox"/> Lights <input type="checkbox"/> Stage <input type="checkbox"/> None <input type="checkbox"/> Other, specify: _____	
Artist to Provide (check all that apply): <input type="checkbox"/> Sound <input type="checkbox"/> Lights <input type="checkbox"/> Stage <input type="checkbox"/> None <input type="checkbox"/> Other, specify: _____	Category (Check one): <input type="checkbox"/> Band <input type="checkbox"/> Speaker <input type="checkbox"/> DJ <input type="checkbox"/> Other Music <input type="checkbox"/> Comedian <input type="checkbox"/> Dance Company <input type="checkbox"/> Other: _____
Notes/Special Conditions	

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D. PAYMENT INFORMATION	
Amount to be Paid	Payee Name (check one) <input type="checkbox"/> Individual: _____ <input type="checkbox"/> Business: _____ <small>Relationship of the artist/speaker/group named in Section C to business being paid?</small> <input type="checkbox"/> Self <input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Agent <input type="checkbox"/> Other (please specify) _____

Email address to where contract can be sent:

Address where check is to be mailed

Street Address _____

City _____ State _____ Zip _____

Home/Business Address (If different from Check Mailing address)

Street Address _____

City _____ State _____ Zip _____

Payee Telephone number (____) _____ - _____	Payee Fax Number (____) _____ - _____
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Is payee an U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state visa type and number _____	Primary business focus of the company? <input type="checkbox"/> <input type="checkbox"/>
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	Is payee a former UCSD employee? No <input type="checkbox"/> Yes (If yes, provide date of separation) _____
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