

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 Home	
Event Date		Principal Member/Contact Name	
Event Start Time	Event End Time	Contact Phone (_____) _____ - _____	Contact Email
Event Location		Organization Box Number/Department Mail Code	
Contract Delivery Method (check one) <input type="checkbox"/> Fax (_____) _____			
<input type="checkbox"/> Sponsor to pick up from University Events Office <input type="checkbox"/> 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	Category (Check one): <input type="checkbox"/> Band <input type="checkbox"/> Speaker <input type="checkbox"/> DJ <input type="checkbox"/> Other Music
<input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Comedian <input type="checkbox"/> Dance Company <input type="checkbox"/> Other: _____
Notes/Special Conditions	

D. PAYMENT INFORMATION	
Amount to be Paid	Payee Name (check one)
	<input type="checkbox"/> Individual: _____
	<input type="checkbox"/> Business: _____
	Relationship of the artist/speaker/group named in Section C to business being paid?
	<input type="checkbox"/> Self <input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Agent
	<input type="checkbox"/> Other (please specify) _____
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 Identification (check one)
Payee Fax Number (_____) _____ - _____	<input type="checkbox"/> Social Security Number: _____
	<input type="checkbox"/> Business Tax I.D. Number: _____
Is payee an U.S. citizen?	Primary business focus of the company?
<input type="checkbox"/> Yes <input type="checkbox"/> No If no, state visa type and number _____	
Is payee a UCSD employee?	Is payee a former UCSD employee?
<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> Yes (Written supervisor & Vice Chancellor approval must be submitted with request)	<input type="checkbox"/> Yes (If yes, provide date of separation) _____