



Office of Student Engagement
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 University (JCU), hereafter called the Buyer and ___, hereafter called the Artist ___. 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, Association Director, Student Engagement
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 _____
As agent of John Carroll University
TITLE Associate Director, Student Engagement

ARTIST _____
TITLE _____