



Associated Square Dancers of Superior California
CALLER/CUER CONTRACT AGREEMENT

www.asdsc.org



EVENT NAME: _____ EVENT DATE: _____

CONTRACTOR NAME: _____ HOME PH: _____

ADDRESS: _____ CELL PH: _____

CONTRACTOR EMAIL: _____ BMI/ASCAP LICENSE: YES NO

EVENT INFORMATION:

EVENT LOCATION:

TYPE OF EVENT:

EVENT SCHEDULE: (HOURS)

SQUARE DANCE LEVELS (S):

ROUND DANCE LEVEL (S):

PROGRAM SHARED WITH:

SOUND PROVIDED BY:

CONTRACTED FEE:

SPECIAL NOTES:

ASDSC CONTACT INFORMATION

EVENT CONTACT: Jan Warren, promotions@asdsc.org, Cell: 916-719-4641; Home: 916-797-1558

FIFTH SAT. DANCE: Joy Howard, vice_president@asdsc.org; Cell: 916-671-0633

ASDSC PRESIDENT: Barbara Ruffner, president@asdsc.org; Cell: 650-280-0081

THIS CONTRACT MAY BE CANCELED BY EITHER PARTY UP TO 180 DAYS PRIOR TO EVENT IF NOTICE IS GIVEN IN WRITING. Payment of contracted fee will be made by Association check at the conclusion of the event. We must have proof of your ASCAP/BMI licensing being current at the time of the event. A W-9 Form may be required prior to the event.

Email a copy of completed contract to promotions@asdsc.org, or vice_president@asdsc.org
Mail contract to: ASDSC, PO Box 13455, Sacramento, CA 95813

CONTRACTOR: _____ DATE: _____

ASDSC REP: _____ DATE: _____

Once all signatures are acquired, a complete contract will be sent to Contractor.

ASDSC PRESIDENT: _____ DATE: _____