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

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

CONTRACTOR: _______________________________ DATE: __________

ASDSC REP: _______________________________ DATE: __________

ASDSC PRESIDENT: __________________________ DATE: __________