STUDENT PERFORMANCE CONTRACT

Artist Information
Group Name (or name of individual if only 1 performer): ________________________________
Event Name: ________________________________ Event Location: ________________________________
Event Date: ________________________________ Event Time: ________________________________
Length of Performance: ________________________________
Additional Provisions: ________________________________

Billing Information (fill out a section for each student receiving payment)
Fee: ______
Printed Student Name: ________________________________ ID Number: ________________________________
Student Signature: ________________________________ Date: ________________________________

Fee: ______
Printed Student Name: ________________________________ ID Number: ________________________________
Student Signature: ________________________________ Date: ________________________________

Fee: ______
Printed Student Name: ________________________________ ID Number: ________________________________
Student Signature: ________________________________ Date: ________________________________

Fee: ______
Printed Student Name: ________________________________ ID Number: ________________________________
Student Signature: ________________________________ Date: ________________________________

Residential Life account to be charged
(ex: Russian House, La Casa, Supplemental Fund, Wieland, Stearns): ________________________________
Name/class year of student coordinating event: ________________________________

________________________________
Signature of Student Coordinator of Event Date

________________________________
Signature of Theme House President Date (if applicable)

NOTE: All students receiving payment must fill out a timesheet for the hours worked.
Time sheets are available in the Residential Life Office (Converse 105). Timesheets are submitted to Payroll every 2 weeks.

Internal Staff Use Only:
Amherst College Staff Name: ________________________________
Amherst College Staff Signature: ________________________________
Date: ________________________________
Account number to be charged: ________________________________