

AMHERST COLLEGE
OFFICE OF RESIDENTIAL LIFE
P.O. Box 5000/AC #2206
Amherst, MA 01002
Phone: 413.542.2161/Fax: 413.542.8488

PERFORMANCE CONTRACT FOR OUTSIDE VENDOR

Artist Information

Artist/Group Name: _____

Event Name: _____

Event Location: _____

Event Date: _____ Event Time: _____

Arrival Time of Artist: _____ Sound Check Time: _____

Length of Performance: _____

Additional Provisions: _____

Billing Information

Fee: _____

Check Payable To: _____

Social Security or Federal Tax ID Number: _____

Street Address or P.O. Box: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Residential Life account to be charged

(ex: Russian House, La Casa, Supplemental Fund, Wieland, Stearns): _____

Signature of Artist

Date

Signature of Student Contact

Date

Signature of Theme House President
(if applicable)

Date

Internal Use Only:

Amherst College Staff Name:

Amherst College Staff Signature:

Date:

Account number to be charged: