



ASSOCIATED STUDENTS
SAN JOSE STATE UNIVERSITY

General Services Center
One Washington Square
Student Union, Room 1800
San José, CA 95192-0129
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f: 408-924-6220
as.sjsu.edu

CONTRACT REQUEST FORM

All fields must be filled out

Date: _____

Student Organization/Department: _____

Person Responsible: _____

Student ID #: _____

Email Address: _____

Phone #: _____

PERFORMERS' INFORMATION

Performer Name(s): _____

Honorarium: YES OR NO (please circle one)

Social Security # or Federal Tax I.D. #: _____

Performer Mailing Address: _____

City: _____ Zip: _____

Phone #: _____

Performer's Agent (If Applicable): _____

Performer's Agent Address: _____

City: _____ Zip: _____

Date of Event(s): _____ Location(s): _____

Make check payable to: _____ Amount of contract: _____

Beginning and Ending time of Event: _____

Number of Shows: _____ First show(s) to begin at _____

Length of each show(s) _____ minutes Length of each break(s) _____ minutes

NOTE

Please submit a brief description/mini biography regarding the artist(s)/performer(s)/speaker(s) with this Contract Request Form.