



## Pre-Contract Worksheet

### University of Missouri – St. Louis

This information is used in the development of a University Contract. Please be as thorough and accurate as possible.

**EVENT INFORMATION:**

Name of Performer: \_\_\_\_\_ Sponsor: \_\_\_\_\_

Contact Person at UMSL: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time: (Start/Finish) \_\_\_\_\_

Place of Event: \_\_\_\_\_ Space Reserved? (Rain Site?) \_\_\_\_\_

Type of Event: (Musician, Comedian, etc) \_\_\_\_\_

**PAYMENT INFORMATION:**

Check Amount: \$ \_\_\_\_\_ (all-inclusive: Yes \_\_\_\_\_ No \_\_\_\_\_)

Account: (name) \_\_\_\_\_ (number) \_\_\_\_\_ (amount) \_\_\_\_\_

(name) \_\_\_\_\_ (number) \_\_\_\_\_ (amount) \_\_\_\_\_

Name of Agent: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Amount Payable: Check 1: \$ _____	Check 2: \$ _____
Check Payable To: _____	Second Check To: _____
Address: _____	Address: _____
(No PO Boxes) _____	(No PO Boxes) _____
SSN or Tax ID #: _____	SSN or Tax ID #: _____
Circle one: individual/ corp. / partnership	Circle one: individual/ corp. / partnership
W9 requested from agent/individual _____	W9 requested from agent/individual _____
<b>***Time of Payment: AFTER SERVICES ARE PROVIDED PER UNIVERSITY POLICY.***</b>	
Deposits may be made if stated in contract.	
CHECK ONE: To be received after event: _____ To be sent to address above after event: _____	

HOTEL NEEDED? \_\_\_\_\_ # OF ROOMS \_\_\_\_\_ SMOKING/NON-SMOKING \_\_\_\_\_

Reservation at: \_\_\_\_\_ Dates: \_\_\_\_\_

Confirmation #: \_\_\_\_\_ Name room should be booked under: \_\_\_\_\_

*Office Use Only* **Initial and Date next to appropriate space below when reviewed/processed**

Contract Submitted \_\_\_\_\_ Reviewed by: \_\_\_\_\_ AV/Tech \_\_\_\_\_ Building Operations \_\_\_\_\_

**Food Services Needs:**

# of meals for performers: \_\_\_\_\_

Other food required: \_\_\_\_\_

**Budget Information:**

Lodging: \_\_\_\_\_

Meals: \_\_\_\_\_

Transportation: \_\_\_\_\_

Other: \_\_\_\_\_

TOTAL: \_\_\_\_\_

ARRIVAL TIME: \_\_\_\_\_

SOUND CHECK TIME: \_\_\_\_\_

**Publicity Materials:** (Ask artist/agent what's available immediately)

\_\_\_\_\_ Poster    \_\_\_\_\_ Fliers    \_\_\_\_\_ Photos    \_\_\_\_\_ Bios    \_\_\_\_\_ Other (tape, video, cd, etc)

PRODUCTION REQUIREMENTS: Included with attached contract?    YES    NO

Production Manager Contact:    Name \_\_\_\_\_    Phone: \_\_\_\_\_

**Production Cost Estimates:**

AUDIO: \_\_\_\_\_

LIGHTING: \_\_\_\_\_

STAGING: \_\_\_\_\_    Size: \_\_\_\_\_

TRUSSING: \_\_\_\_\_    Size: \_\_\_\_\_

VIDEO: \_\_\_\_\_

MISC: \_\_\_\_\_

RENTAL: \_\_\_\_\_

LABOR: \_\_\_\_\_

TOTAL: \_\_\_\_\_

Set Up: (Table/chair arrangement) \_\_\_\_\_

Other Equipment: Table/chairs \_\_\_\_\_    Podium \_\_\_\_\_    Piano \_\_\_\_\_    AV \_\_\_\_\_    Other \_\_\_\_\_