



Pre-Contract Worksheet

University of Missouri – St. Louis

This information is used in the development of a University Contract. Please complete all blanks.

EVENT INFORMATION:

Name of Performer: _____ Sponsoring Org: _____

Contact Person at UMSL: _____ Contact Phone: _____

Date of Event: _____ Time: (Start) __: __ AM/PM (Finish) __: __ AM/PM

Place of Event: _____ Space Reserved? (Rain Site?) _____

Type of Event: (Musician, Comedian, etc) _____

PAYMENT INFORMATION:

Name of Agent/Agency or performer if not represented by an agent: _____

Agency Address: _____

Agency Phone: _____

Agent/Agency Email: _____

PAYMENT IS TO BE AFTER TIME OF PERFORMANCE UNLESS OTHERWISE APPROVED

Deposits may be made if stated in contract but are discouraged.

Amount Payable: Check One: \$ _____	Check Two (If applicable): \$ _____
Check Payable To: _____	Second Check To: _____
Address: _____	Address: _____
SSN or Tax ID #: _____	SSN or Tax ID #: _____
Is the individual a U.S. Citizen? _____	Is the individual a U.S. Citizen? _____
Completed W9 submitted _____	Completed W9 submitted _____
Circle one: individual/ corp. / partnership	Circle one: individual/ corp. / partnership
CHECK ONE: To be personally delivered after event: _____ To be mailed to address above after event: _____	
HOTEL NEEDED? _____ # OF ROOMS _____	SMOKING/NON-SMOKING _____
Reservation at: _____	Dates: _____
Confirmation #: _____	Name room should be booked under: _____

Signature of President: _____ **Date:** _____

Signature of Treasurer: _____ **Date:** _____