

**Performance Agreement (Contract) for Reserving Entertainment**

The preceding sections must be filled out **completely** in order to book all speakers, entertainers and guests.

**This section is to be filled out by an LCC Representative**

1. **ENGAGEMENT:** This agreement is being made this **{Day}** day of **{Month} {Year}**, between Lower Columbia College and **{Artist/Performer/Agency Name}**
2. **SERVICES THE GUEST WILL BE PERFORMING (i.e. magician, musician):**
3. **DATE OF EVENT:**
4. **TIME OF EVENT:**
5. **TIME OF ARRIVAL** (the guest must arrive at least a ½ hour early for set-up)**:**
6. **LOCATION OF EVENT:**
7. **DESCRIPTION OF EVENT:**
8. **REQUESTS:** {list any requests needed for the artist/performer. This should include any information from a rider or other needs of the artist}
9. **TECHNICAL REQUIREMENTS:** {list any technical needs (ie artist needs a piano provided, needs lapel mic, etc.\_}
10. **SPECIAL CONDITIONS:** {This would be any special previsions including if you are paying for items outside of the cost of this contract. If you need to use this section, contact Richard to discuss}
11. **TOTAL AMOUNT FOR PAYMENT** (if providing food, must include health permit fees)**:** {amount paid for contract}
12. **NAME AND ADDRESS FOR PAYMENT** (please enter the name and address of the Payee below):
13. **FEDERAL ID OR SS#:** {List here or on W9}
14. **IF PROVIDING FOOD:** If you are providing food for our event, you must contact the [**Cowlitz County Health Department**](http://www.co.cowlitz.wa.us/index.aspx?nid=1064) to apply for a temporary health permit prior to sending this contract back to the ASLCC representative. **This is needed to be able to provide services for our event and ensure that you get reimbursed for the permit costs.**

**Cowlitz County Health Department Contacted on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount of Temporary Permit $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IMPOSSIBILITY OF PERFORMANCE:** In the event of cancellation due to means of transportation, riots, strikes, illness, epidemic or act of God, both parties shall be relieved of all responsibilities for the agreement. If for any reason, this contract is cancelled by LCC other than act of God or mutual consent less than two weeks prior to date of show, LCC agrees to pay Performer the full dollar figure as noted above in “Payment”. If LCC chooses to reschedule the date after expenses for travel have been incurred, LCC will reimburse the Performer for any and all penalties and fees incurred. If the Show Date is cancelled by Performer, the Performer will reschedule date to the convenience of Performer and LCC and neither party will be penalized. All changes, additions and deletions to this written agreement must be initialed and dated.

This agreement and any attached rider, signed by both parties, constitute the entire agreement between the parties hereto.

 Performer/Agent & Date Director of Student Programs & Date

 VP of Student Services

(contracts over $3000)

**CCOC Advisors: Please use this as a checklist for technical requirements.**

**Student Center**

For events taking place in the Student Center, please contact **Richard Arquette:** Student Activities office, 360.442.2443 or at rarquette@lowercolumbia.edu to reserve:

\_\_\_\_ Student Center Conference Rooms

\_\_\_\_ Student Center Commons

\_\_\_\_ Diversity/Equity Center

\_\_\_\_ Clubs & Orgs Room

\_\_\_\_ Projector with DVD or Computer Capability

\_\_\_\_ Projection Screen (Commons)

\_\_\_\_ Sound System

\_\_\_\_ Microphone

\_\_\_\_ Podium

If you have problems after 5pm, please contact the Information Technology Department at 360.442.2250.

**Rose Center**

To reserve rooms in the Rose Center or classrooms on campus, please contact **Alyssa Milano-Hightower:** Rose Center Room 107, (inside Art Gallery) at 360.442.2150 or atamilanohightower@lowercolumbia.edu.