

EASTFIELD GUEST LECTURER/PERFORMER CONTRACT INFORMATION

Date: _____

Name of Club: _____

Club Officer: _____ Phone # _____

E-mail: _____

Advisor's Signature: _____ Phone #: _____

Explanation of the Purpose of the program: _____

Why did you choose this particular speaker/performer? _____

Name of Lecturer/Performer: _____

Address: _____

City, State, Zip Code: _____

Telephone: (W) _____ (H) _____

Social Security #/Federal ID# _____

Day/Date of program: _____

Beginning Time: _____

Ending Time: _____

Location/Room: _____ Agreed Fee: _____

Is this lecturer/performer a DCCCD employee? Yes No

Would you like the check mailed after the event? Yes No

Would you prefer for the check to be returned to Eastfield prior to the event?

Yes No

SPAR Liaison's Signature _____ Date: _____

Copies: White - SPAR

Yellow - SPAR Liaison

Pink - Club