



**Associated Square Dancers of Superior California
CALLER / CUER CONTRACT AGREEMENT**

www.asdsc.org



EVENT NAME: _____ DATE: _____

CONTRACTOR NAME: _____

CONTRACTOR ADDRESS: _____

CONTRACTOR HOME PHONE: _____ CELL PHONE: _____

CONTRACTOR EMAIL: _____ BMI / ASCAP LICENSE: YES NO

EVENT INFORMATION:

EVENT LOCATION:
TYPE OF EVENT: _____ EVENT THEME: _____
EVENT SCHEDULE (Hours): _____
SQUARE DANCE LEVELS: _____ ROUND DANCE LEVELS: _____
PROGRAM SHARED WITH: _____
CLUB SPONSERING EVENT: _____
SOUND PROVIDED BY: _____
CONTRACTED FEE: _____
SPECIAL NOTES: _____

Check in box below any agreed upon dances below. Please make any comments in Special Notes.

Advance Star Tip Hot Hast Line Dancing Hex Dancing

CONTRACTOR: _____ DATE: _____

ASDSC REP: _____ DATE: _____

ASDSC PRESIDENT: _____ DATE: _____

ASDSC CONTACT INFORMATION:

Email a copy of completed contract to promotions@asdsc.org AND vice_president@asdsc.org

Mail contract to: ASDSC, PO Box 13455, Sacramento, CA 9581.

Once all signatures are acquired a completed contract will be sent to Contractor.

EVENT CONTACT:

Promotions Chairperson: Jan Warren, promotions@asdsc.org Cell: 916-719-4641

Fifth Saturday Dance: Katherine Hartsgrrove, vice_president@asdsc.org Cell 916-792-4878

ASDSC President: Jay Aldrich, president@asdsc.org Cell: 916-215-5905

THIS CONTRACT MAY BE CANCELED BY EITHER PARTY UP TO 90 DAYS PRIOR TO EVENT IF NOTICE IS GIVEN IN WRITING. The contract may be canceled within the 90 days due to an event that is beyond the Association's control. Payment of contracted fee will be made by Association check at the conclusion of the event. We may ask proof of your ASCAP / BMI licensing being current at the time of the event. A W-9 Form may be required prior to the event.