



Associated Students, Inc. Sonoma State University
1801 East Cotati Ave.
Rohnert Park, Ca 94928

Date: _____

Performers Invoice

Performance Agreement/Contact:

This agreement is entered into by and between Associated Students, Inc. (ASI) at Sonoma State University (purchaser), and _____ hereinafter referred to as Artist or through Artist legal Agent/Manager _____ hereinafter called Agent.
(artist name),
(agent/manager name)

This agreement binds the Artist/Agent to:

Type of Performance _____

Location _____

Time _____ Length _____

Other Services or Special Requirements _____

on _____ 20_____.
(date)

***Please Note**-In order to pay performers on the day of performance we must receive a completed Performers Invoice and CA 204 three (3) weeks prior to the performance date

The Artist agrees to indemnify, defend and save harmless the Associated Students Inc., the State of California, the Trustees of the California State University, Sonoma State University, their respective officers, agents, employees and volunteers from any and all claims and losses accruing or resulting to any other person, firm or corporation furnishing or supplying work, service, materials or supplies in connection with the performance of this agreement, and from any and all claims and losses accruing or resulting to any person, firm or corporation which may be injured or damaged by the Artist in the performance of this agreement.

The Artist is required to maintain adequate general liability insurance coverage for the duration of this agreement and upon request shall furnish to the ASI a certificate of insurance and endorsement naming the Associated Students, Inc., the State of California, the Trustees of the California State University, Sonoma State University, their officers, agents, employees and volunteers are included as additional insureds, but only insofar as the operations under this agreement are concerned.

In consideration of the performance of Artist's services hereunder, ASI agrees to pay the Artist, the fixed sum of \$_____.

ASI Signature

Artist/Agent Signature

Printed Name

Printed Name

Contact Information (must match 204)

Name: _____

Mailing Address: _____

Phone Number: _____

ASI Contact Information :

Name: _____

Phone Number: _____

Account Description: _____

Program/Project Number: _____