

Knox College  
Student Activities  
Box K-228  
Galesburg, IL 61401  
Phone: 309-341-7573

Name of Attraction \_\_\_\_\_

AGREEMENT for the personal service of performers on the engagement described below, made this \_\_\_\_\_ day \_\_\_\_\_, between

\_\_\_\_\_ [herein referred to as purchaser] and

\_\_\_\_\_ [herein referred to as artist(s)].

Date of Engagement: \_\_\_\_\_

Name and Place of Engagement: \_\_\_\_\_

Starting and Finishing Time of Engagement: \_\_\_\_\_

Description of Purchaser's requirement's:

\_\_\_\_\_  
\_\_\_\_\_

Contract Price: \_\_\_\_\_

PAYMENT TO BE MADE AS FOLLOWS: \_\_\_\_\_ shall be paid by Purchaser to Artist(s) immediately following the conclusion of engagement, payable by certified college check TO \_\_\_\_\_.

SPECIAL PROVISIONS (if any):

It is understood that this agreement is binding on both Purchaser and Artist. If the engagement is cancelled by Purchaser for any reason other than an act of God, Purchaser's deposit, if any, shall be forfeited, such forfeiture being in addition to Artist's remedied by law. If engagement is cancelled by Artist(s) for any reason other than an act of God, Artist will refund Purchaser's deposit, if any, and Artist(s) shall be obligated to perform within 365 days of the signing of this AGREEMENT, if Purchaser so desires, at a reduced but comparably fair rate than the one stated in this AGREEMENT, once again, only if the Purchaser desires to reinitiate this AGREEMENT within the 365 days agreed upon by both parties.

(over)

AGREEMENT SHALL NOT BE EFFECTIVE UNTIL EXECUTED BY BOTH PARTIES AND DEPOSIT, IF ANY, IS RECEIVED IN ACCORDANCE HERewith. COMMENCEMENT OF ENGAGEMENT TOGETHER WITH PHYSICAL DELIVERY OF THIS CONTRACT IS DEEMED TO BE AN ACCEPTANCE OF ALL TERMS BETWEEN THE PURCHASER AND ARTIST(S).

Knox College

Print Purchaser's Name

Purchaser's Signature

2 E. South Street, Box K228

Street Address

Galesburg, IL 61401

City State Zip

Day Phone

Night Phone

Contact

309-341-7571

Fax #

Print Artist(s)'s Name(s)

Artist(s)'s Signature(s)

Street Address

City State Zip

Day Phone

Night Phone

Contact

Fax#