



## Guest Artist Information Form

**\*\*This is not a contract\*\***

This form requests the creation of a contract. This form must be completed by School of Music faculty only.

Legal Name of Artist &/or Manager: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Amount to be paid: \$ \_\_\_\_\_

Check made payable to: \_\_\_\_\_

What service will artist provide  
(Performance, master class, give lecture): \_\_\_\_\_

Date(s) of services: \_\_\_\_\_

Time(s) of services: \_\_\_\_\_

Place(s) where services take place: \_\_\_\_\_

|   |     |    |
|---|-----|----|
| Are there additional expenses (e.g. hotel,<br>airfare) that should be added to the<br>honorarium amount listed above? | Yes | No |
|---|-----|----|

If yes, describe the expense(s), including cost: \_\_\_\_\_

|  |             |      |
|--|-------------|------|
| Do we give check at performance or mail: | Performance | Mail |
|--|-------------|------|

Where to mail check: \_\_\_\_\_

Requesting Faculty Member name: \_\_\_\_\_

Requesting Faculty Member title: \_\_\_\_\_

Requesting Faculty Member signature : \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Director, School of Music

Funding Source(s) (to be completed by director's office): \_\_\_\_\_