**Guest Artist Information**

School of Performing Arts

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| **Legal Name of Artist &/or Manager:** |  |
| **Mailing Address**  Street: |  |
| City, State Zip: |  |
| **Cell/Home Phone #:** |  |
| **E-mail Address:** |  |
| **Amount to be paid:** | $ |
| **Check made payable to** *(if different than above):* |  |
| **What service will artist provide:**  *(e.g. performance, master class, give lecture)* |  |
| **Date(s) of services:** |  |
| **Time(s) of services:** |  |
| **Place(s) where services take place:** |  |
| **Does artist pay for round-trip transportation to Wichita?** | Yes  No *(double-click box & select checked)* |
| If yes, from where? |  |
| **Do we arrange/provide hotel accommodations** | Yes  No *(double-click box & select checked)* |
| If yes, where? |  |
| Check-in date for hotel: |  |
| Check-out date for hotel: |  |
| **Do we provide ground transportation:** | Yes  No *(double-click box & select checked)* |
| If yes, in what manner?  *(e.g. rental car needed, faculty/staff, etc.)* |  |
| **WSU contact person or producer:** |  |
| **Additional comments if any:** |  |
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**Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

**Director, School of Performing Arts**