Associated Square Dancers of Superior California
CALLER / CUER CONTRACT AGREEMENT

www.asdsc.org

EVENT NAME: _____

EVENT DATE: _____

CONTRACTOR NAME: _____

CONTRACTOR ADDRESS: _____

CONTRACTOR HOME PHONE: _____

CONTRACTOR 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:

CONTRACTOR: _____ DATE: _____

ASDSC REPRESENTATIVE: _____ DATE: _____

ASDSC PRESIDENT: _____ DATE: _____

ASDSC CONTACT INFORMATION:

ASDSC Vice President / Fifth Saturday Dance: John Crowston, Vice-President@asdsc.org, Cell: (530) 520-0115
Harvest Hoedown Chairperson: Katie Pearce, Harvest-Hoedown@asdsc.org, Cell: (916) 606-9738
ASDSC President: Helen Halley, President@asdsc.org, Cell: (503) 806-5650
Mail contract to: ASDSC, PO Box 8942, Citrus Heights, CA 95621

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