AMHERST COLLEGE OFFICE OF RESIDENTIAL LIFE

OFFICE OF RESIDENTIAL LIFEPhone: 413.542.2161/Fax: 413.542.8488/Converse Hall Rm. 105

STUDENT PERFORMANCE CONTRACT

Artist Information

Account number to be charged:

Group Name (or name of individual if only 1 pe	erformer):
Event Name:	Event Location:
Event Date: Event Time:	
Length of Performance:	
Additional Provisions:	
<u>Billing Information</u> (fill out a section for each	student receiving payment)
Fee:	
Printed Student Name:	ID Number:
Student Signature:	
Student Signature.	Butc
Fee:	
Printed Student Name:	ID Number:
Student Signature:	
Fee:	
	ID Number:
Student Signature:	
-	
Fee:	
Printed Student Name:	ID Number:
Student Signature:	Date:
Residential Life account to be charged	nd, Wieland, Stearns):
Name/class year of student coordinating even	nt:
Signature of Student Coordinator of Event	Date
Signature of Theme House President (if applicable)	Date
NOTE: All students receiving payment must Time sheets are available in the Residential I submitted to Payroll every 2 weeks.	
Internal Staff Use Only: Amherst College Staff Name: Amherst College Staff Signature: Date:	