

## **Memorandum of Agreement**

	Represented by	
And	Represented by	
For		
	Nature of Services Ren	ndered
At		
	Location	
On	at	
Date		Time
In consideration of the above, the spor	nsoring organization	shall make payments to:
	PLEA	SE ATTACH W-9 FOR TAX INFORMATION
Name		Social Security/Tax ID
Are you employed by CSU? If yes, in what capacity, (circle one) Staff Faculty		
any other legitimate condition beyond given to the other party.  Additional terms and conditions:	control of either pa	rty. In this event, written notice of such shall be
hereto and contains all of the covenan acknowledges that no representations made by any party or anyone acting o other agreement, statement, or promis	ts and agreements be inducement, promise n behalf of any party e not contained in the	either oral or in writing, between the parties etween parties. Each party to this agreement sees, or agreement orally or otherwise have been y, which are not embodied herein, and that no his agreement shall be valid or binding. Any as in writing and signed by the parties hereto.
Performing Party (Signature)		Date
Address		Telephone
If employed by CSU: CSU Supervisor's Signature		Date
Dean or Club Chairperson, Sponsoring Organization (Signature)		Date
Address		Telephone