

Faculty Student Association of DMC, Inc. (FSA) ENTERTAINMENT FEE AGREEMENT

Entertainer:		Social Security #:					
Stree	t Address:						
City:				State:	Zip Cod	e:	
Name Event:		Phone #:					
Locati	on of Event:						
This en	ertainment fee	agreement is betwe	en:		a	and the above entertainer.	
I. A. B. C. D. E.	The entertain The program As the coordi provide the lo participants v The student of This agreeme laws, orders, operator. If o This contract	The entertainer's fee agreed upon for this engagement will be					
<u>II.</u> А. В.	entertainer. E terms of this The entertain	as a fiscal agent for student organizations. The fee due the entertainer will be paid by check and mailed to the r. Entertainer must provide completed and signed IRS form W-9 (link). Satisfactory fulfillment of the complete his agreement are necessary; Payment will not be issued in advance. tainer shall comply with all government regulations related to employment, compensation, and payment of . An IRS 1099 income form will be filed by FSA at end of calendar year.					
A. B.	In an effort to progress eval Entertainer's Downstate M the property. Relationships contractor. F	uation of the act as employees will obs edical Center or ve- created by this agr	and improve the e well as a final wri erve all regulation nue operator. Fail eement between the vnstate Medical C	entertainment offerings, the atten evaluation at the concluse established by the Faculty lure to do so may be ground the entertainer and the student center shall in no way be lial iner's employees.	sion of the program. Student Assn of DM s for permanent remove nt organization is that	C, Inc and the SUNY val of an entertainer from of an independent	
<u>IV.</u>	SPECIFIC A	DDITIONAL TER	MS (insert if any)	<u>)</u>			
AGREE Entertain		CCEPTED BY:	Date	Student Event Organize	r:		