

**Boston College
Office of Graduate Student Life
Event Contract/Agreement**

Name of Contracting Party: (Contractor)

Student Organization Name:

Student Organization Contact:

Email:

Phone:

Day and time of event:

Nature of Event (Performance, lecture, etc):

Location:

Describe the services provided by Contractor:

Fees: (\$ amount)

Performance and/or other Fee/Honoraria:

Travel/Lodging:

Additional fees:

Total Fee: \$

(paid by BC University Check immediately upon completion of performance)

Fee Made Payable To:

Social Security Number OR Federal Tax ID Number:

Address:

Name and telephone number of contact:

Signed and Approved:

Contractor/Date

Boston College Official/Date