

Date Submitted: _____

Request Invoice #: _____

TRAVELER REQUEST FORM

This form when signed by both parties will serve as an official contract

SUBMIT TO: Justine Gilman
Lyon Recreation Center
USC University Park
Los Angeles, CA 90089-2500
Tel: (213) 740-8120 Fax: (213) 740-9739
e-mail: jgilman@usc.edu

Joanne Asman
P.O. Box 21022
Glendale, CA 91221
(818) 842-8444 Fax: (818) 842-8445
e-mail: jsa@asmanj.com

GROUP SPONSORING EVENT: _____

Contact Person: _____

(Name, address, phone, e-mail and or fax number)

Date(s) of Event: _____

Performance Time: From: _____ to _____

Location of Event: _____

Brief Description of Purpose and Program:

What do you want Traveler to do?

Number of people Expected at the Event: _____

Appearance Fee: \$1600 plus transportation \$_____. (\$500 Non Refundable Deposit with Booking) **Final Payment (Due on or before Date of Appearance)**

Method of Payment: Cash ___ Check ___ (Due 10 Days Before) Credit Card ___

****Signature of Requesting Party:** _____

FOR COMMITTEE USE ONLY

Joanne Asman's Approval: _____ **Date:** _____

Justine Gilman's Approval: _____ **Date:** _____