



PERFORMANCE CONTRACT

PLEASE FILL OUT THE FOLLOWING INFORMATION

To be submitted to: comdevassist1@saranaclakeny.gov, cc' lauraadk79@gmail.com & kelly@adirondackfrontier.com

DATE OF PERFORMANCE _____

LOCATION: RIVERSIDE PARK (**RAIN OR SHINE**)

SET-UP TIME START _____ (MUST BE AFTER 3PM)

SOUND PRODUCTION WILL BE PROVIDED.

PERFORMANCE TIME ____ TO ____ WITH SET BREAK FROM ____ TO ____ (NOTE:
START TIME MUST BE 7PM. END TIME MUST BE 9PM).

MERCH TABLE (Y/N) _____

LOGO AND GRAPHICS FOR PROMOTION (Y/N) _____

IF YES, PLEASE EMAIL TO COMDEVASSIST1@SARANACLAKENY.GOV

IN ORDER TO RECEIVE PAYMENT, PLEASE COMPLETE A W-9 FOR WHOEVER THE CHECK WILL
BE MADE OUT TO. THIS IS TO BE SUBMITTED TO THE VILLAGE OF SARANAC LAKE.

HOTEL ROOMS FOR THE CONCERT SERIES ARE PROVIDED AS AN IN-KIND DONATION BY CED
TWIN STATE ELECTRIC SUPPLY, HOTEL ROOMS FOR THE NIGHT OF THE CONCERT (Y/N) _____

GROUP CONTACT NAME _____

GROUP CONTACT EMAIL _____

GROUP CONTACT PHONE _____

PAYMENT WILL BE FOR \$XXX.XX AND WILL BE RECEIVED ON THE NIGHT OF THE CONCERT AT
THE VENUE VIA CHECK.

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GROUP NAME _____

PRINT SIGNER'S NAME _____

SIGNATURE _____

DATE _____

VILLAGE CONTACT NAME _____

PRINT SIGNER'S NAME _____

SIGNATURE _____

DATE _____