



Performance Agreement

This document shall reflect the information agreed upon for the contracted services of the New York Stars Twirling and Marching Band, Inc.

Sponsoring Organization Name: _____

Sponsoring Organization Address: _____

Sponsoring Organization Contact Name: _____

Sponsoring Organization Contact Telephone Numbers: _____

Event Type: _____ Event Date: _____

Event Start Time: _____

Event Start Address: _____

Event End Address: _____

Donation Amount: _\$ _____ Deposit Amount: _\$ _____

Transportation will be provided by sponsor: YES
If Yes Provide Transportation Arrangement _____

Additional Information: _____

Disclaimer: The NY Stars must be given at least 7 days notice for the cancellation of the above referenced event. Failure to provide ample notification of the cancellation will result in the NY Stars entitlement of withholding the deposit amount.

Please make checks Payable to: *New York Stars Twirling and Marching Band, Inc.* EIN # 45-3619012

Signatures:

PRINTED Sponsor's Authorized Representative

PRINTED NY Stars Authorized Representative

Signature Sponsor's Authorized Representative

Signature of NY Stars Authorized Representative

Date

Date



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