

**AMHERST PTA
PERFORMER CONTRACT**

PTA Event: _____

Date: _____ **Time:** _____

Description of Services: _____

Compensation _____

Name of Performer _____

Address _____

Phone _____

In the event that total compensation for the calendar year exceeds \$600, you will be provided with a 1099-misc. Form. Please provide your SSN below if you expect to exceed this minimum.

SSN _____

Signature of PTA Officer _____

Signature of Performer _____

Date signed _____

Amount Paid _____ **Check #** _____ **Init.** _____