

Date Submitted: _____

Request Invoice #: _____

TRAVELER REQUEST FORM

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

SUBMIT TO:	Joanne Asman P.O. Box 21022 Glendale, Ca. 91221 818-842-8444 or Fax: 818-842-8445 email: jsa@asmanj.com	OR	Justine Gilman Lyon RecreationCenter USC University Park Los Angeles, CA 90089-2500 Tel: (213) 740-8120 Fax: (213) 740-9739 email: jgilman@usc.edu
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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: \$1700_ plus transportation \$ _____. (**\$500 Non Refundable Deposit with Booking.**)
Final Payment (Due before Date of Appearance): Cash ____ Check ____ Credit Card ____
Card # _____ **Exp Date:** _____ **3 Digit CVV #** _____

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

FOR COMMITTEE USE ONLY

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

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