



**SUFFOLK COUNTY
LIBRARY ASSOCIATION**

PROGRAM CONTRACT FORM

This will confirm the appearance of: _____

Contact: _____

Address: _____

Telephone Number: _____

Email Address: _____

Date and Time of Program: _____ VIRTUAL

Address of Program: _____

Scheduled Program Time _____

Description of Program:

Total Fee: _____ Presenter SS# or Federal ID#: _____

Check Payable to: _____

**SCLA RESERVES THE RIGHT TO CANCEL THIS PROGRAM UP TO 7 DAYS
PRIOR TO THE PROGRAM START DATE**

**In order to be paid, this agreement must be signed by the programmer and
returned to SCLA at least 14 days prior to the program start date.**

Suffolk County Library Association
627 Sunrise Hwy, Bellport, NY 11713
SCLA1938@GMAIL.COM

**Participants in virtual programs may not be
filmed or recorded without their consent.**

It is understood that the speaker/presenter/performer is not an employee of the Suffolk County Library Association and is being retained by the Association as an independent contractor for the purpose of presenting the described program. It is further agreed that SCLA is not responsible for Worker's Compensation, FICA, Unemployment Insurance and other such taxes and assessments. These are the sole responsibility of the speaker/presenter/performer.

Presenter Signature

Date

Division Signature

Date

SCLA President Signature

Date

For SCLA Use Only

Committee:

SCLA EXECUTIVE BOARD RASD CATS YASD DASL SSD

Fee Amount Approved by Board: _____ Date of Approval: _____

SCLA TREASURER USE ONLY

Date Approved: _____ Check #: _____ Signature: _____