

Ronaldo Baca (Guitarist)

Contract of Agreement

Name of client: _____

Name and Address of place of performance: _____

Date(s) and Time(s): _____

Hours of Employment: _____

Fee total: _____ Deposit amount: _____ Balance: _____

Special Instructions: _____

*** Any overtime will be billed at a rate of \$100.00 per half hour**

Artist

signature _____

Date _____

Artist name: Ronaldo Baca

ronaldo@ronaldobaca.com

Phone 505-550-0987

Client Signature _____

Date _____

Street Address _____

City, State, Zip _____

Tel (Work) _____ (Home) _____

Email: _____