

# SKIDMORE

C O L L E G E

Office of Leadership Activities  
815 North Broadway  
Saratoga Springs New York 12866-1632

## **Student Club Agreement** (For internal Skidmore College Agreements)

### **NOTE: ALL Non-Skidmore Entertainers / Performance Artists must use the Standard Provider Agreement**

This agreement for services is made this date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ by and between \_\_\_\_\_, (hereinafter referred to as ("Provider") and \_\_\_\_\_, Sponsoring Club of Skidmore College, (hereinafter referred to as "Sponsor") and does hereby establish the following terms, rights, and liabilities for the parties involved in the execution of the contracted service. Internal Service Provider remains an independent contractor for SGA accounting purposes for the specific services indicated. All binding items are subject to the laws of the State of New York. All means of production must comply with existing Skidmore College policies and procedures as directed by Office of Leadership Activities or other duly authorized representatives of Skidmore College.

1. **Date(s) of Service:** \_\_\_\_\_ **Day(s) of Week:** \_\_\_\_\_

2. **Nature and Description of Service to be Provided:** \_\_\_\_\_

3. **Location of Service/Event:** \_\_\_\_\_

4. If service involves delivery of goods, complete the following:

a. **Delivery Deadline** (date and time): \_\_\_\_\_

b. **Delivery Location:** \_\_\_\_\_

5. **Full Price Agreed Upon:** \_\_\_\_\_ \* Payable by SGA check or Co-sponsorship Agreement, immediately after service is completed if all agreement obligations have been fulfilled.

6. **SGA Payment made to:** \_\_\_\_\_

**Address of payee** (if different from address of agreement signatory): \_\_\_\_\_

7. **Provider agrees to provide all elements necessary for providing the agreed upon service. Any elements required to be provided by the Sponsor must be noted here :** \_\_\_\_\_

8. **"DAY OF" Phone Contact for Provider: Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Phone Contact for Sponsor (student): Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

*THIS AGREEMENT IS NOT VALID WITH A STUDENT SIGNATURE ALONE! A professional staff member of Leadership Activities must authorize.*

This agreement is witnessed and executed by the following duly authorized representatives

**Service Provider:** \_\_\_\_\_

**Sponsor/ Club Name:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Leadership Activities Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_