

# SG Funded Contract Questionnaire

Student Organization Name:

Student Contact Name:

SAR Number(s):

GatorConnect Event Permit Number:

Vendor Name:

Vendor Performance Name (if different than above):

Agency (if applicable):

Location of Event:

Specific Location (Building/Address):

Date of Engagement:

Vendor Start Time:

Vendor End Time:

Additional Date (if applicable):

Vendor Start Time (if applicable):

Vendor End Time (if applicable):

Topic of Lecture / Type of Performance:

Technical Rehearsal Start Time (if applicable):

Technical Rehearsal End Time (if applicable):

Vendor Arrival Time:

Vendor Load In Time (if applicable):

Vendor Load Out Time (if applicable):

Payment Amount:

Student Organization Point Person for Vendor Name:

Student Organization Point Person for Vendor Phone Number:

Tickets:

Price (if applicable):