

FESTIVAL OF THE
LITTLE HILLS



SERVICE AGREEMENT

This agreement made on _____ 20__ is between (**FOLH**) The Festival of the Little Hills and

Provider _____ Contact _____

Address _____ Phone _____

Tax ID#/EIN# _____

Certificate of Insurance Tax Exempt

Check # _____	_____
Date _____	_____

Form #1099 shall be issued for \$600 or more, unless your organization is tax exempt.

1. Service to be performed _____

DATE	TIME	LOCATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. In consideration of performance of these services **FOLH** agrees to PAY / RECEIVE as follows upon completion of services:

3. Check is payable to _____ and mailed to the following address _____.

4. **FOLH** shall have the right to control and determine the method and means of performing these services.

5. **FOLH** is not responsible for any equipment, supplies or tools used by contractor.

Provider Signature _____ Date _____

FOLH Authorized Signature _____ Date _____