

Stratford Hill Band

THIS CONTRACT for the personal services of the Stratford Hill Band on the engagement described below is made this day 02-07-23, between the undersigned purchaser of entertainment (herein called "Purchaser") and the undersigned Performer.

1. Name, Address and Telephone Number of the Place of Engagement:

City of Willowick Lakefront Lodge 30525 Lakeshore Blvd. Willowick, OH 44095 (440) 585-5112

2. Date: July 30th, 2023

3. Times of Engagement: **Starting 6:00PM Finishing 8:00PM**

4. Compensation Agreed Upon: \$600

Purchaser Will Make Payments To: James D Capaldi Jr (Stratford Hill Band)

following their Performance.

5. Additional Terms (if any): "Addendum A" is part of this agreement.

6. No performance of the engagement shall be recorded, reproduced, or transmitted from the place of performance, in any manner or by means whatsoever, without written permission of Performer.

7. This Contract, except for acts of God, may not be cancelled by either party less than 90 days before the performance date.

8. The terms of this contract may not be changed except as may be mutually agreed by both the Purchaser and the Performer.

9. It is understood that the Performer is an independent contractor and is not an employee of the Purchaser.

10. If at any time, any musician shall become incapacitated or otherwise unable to perform, he/she shall be replaced by a musician of the same ability.

11. Musicians performing shall be afforded the same courtesies (food, refreshments, etc.) as other workers present at the engagement.

12. Any controversies arising between the Performer and the Purchaser pertaining to this contract shall be subject to the laws of the State of Ohio.

13. The person signing this agreement on behalf of the Purchaser or on behalf of the Performer warrants that he/she signs as a properly authorized representative of said Purchaser or Performer.

The Stratford Hill Band

IN WITNESS WHEREOF, the parties hereto have hereunto set their names on the day and year first above written.

Print Name of Performer THE STRATFORD HILL BAND

Signature of Purchaser CITY OF WILLOWICK

Print Purchasers Full and Correct Name

Signature of Performer


JAMES D. CAPALDI JR.

ADDENDUM "A"

CONDITIONS TO OUTDOOR PERFORMANCE

1. Stage, or solid surface (wood/concrete approximately 30' x 8') must be provided by the Purchaser (we will not perform on the ground).
2. In the case of a thunderstorm prior to commencing, The Stratford Hill Band reserve the right to not perform, if in it's Leader's judgment he determines that its members are in danger of bodily harm. The Purchaser is responsible for the full payment amount if, in fact The Stratford Hill Band are unable to perform due to adverse weather conditions.
3. In the case of a thunderstorm while performing, The Stratford Hill Band will stop performing and will not resume performing until the storm is over. Upon resumption, we will perform for half of the time missed due to the delay, unless the delay is over two hours. (example: Scheduled performance time is 7:00PM till 10:30PM, during the engagement there is a one hour rain delay, The (Band Name) will perform till 11:00PM).

The Purchaser is responsible for the full payment amount.

4. The Stratford Hill Band and equipment must be completely enclosed and dry at all times.
5. Properly protected power outlets are the responsibility of the Purchaser.
(example: Six dual outlets 120VZC, 15 amps each, outdoor grade cable)



REQUISITION

REQUISITION# 003332
DATE 04/24/2023
EXPIRE DATE

Requested by : DOREEN NEVULIS

Vendor:

JAMES D CAPALDI JR
1831 RED BIRD ROAD
MADISON, OH 44057

Ship To:

WILLOWICK SENIOR CITIZENS CENT
321 EAST 314TH STREET
WILLOWICK, OH 44095

ACCOUNT NAME	ACCOUNT NUMBER	UN-ENCUMBERED BALANCE	AMOUNT
Donation Purchases	803 811 5800		600.00

QUANTITY	UNIT	DESCRIPTION	PRICE / UNIT	AMOUNT
1.00		CONCERTS IN THE PARK JULY 30TH 2023 STRATFORD HILL		600.00

TOTAL: \$600.00

APPROVALS

#Route	Level	Date	Comment	#Route	Level	Date	Comment
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PLEASE COMPLETE THIS SECTION AND RETURN TO FINANCE WHEN GOODS HAVE BEEN RECEIVED

Date Received	Quantity Received	Condition
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APPROVAL FOR PAYMENT

Signature of Authorized Personnel: