



PRODUCTION TEAM MEMBER PAYMENT FORM

Show: _____
Date: _____
Title of Team Member: _____
Name: _____
Complete Mailing Address: _____

Social Security Number: _____
Phone: _____
E-mail: _____

Note: Payment cannot be made until all requested information is given and the attached W-9 Form has been returned to the Treasurer.

TOTAL TO BE PAID: \$ _____

Producer's signature: _____