



Santa Barbara Dance Alliance
 P O Box 22256, Santa Barbara, CA 93121
 office-924 Anacapa St Suite S1
 phone 966-9650 fax 966-6950 (call first)
 office@sbdancealliance.org

SANTA BARBARA DANCE ALLIANCE UMBRELLA CONTRACT

Addendum A

please sign and return this with your yearly dues

_____ Umbrella
Group

_____ Contact
Person

_____ Official
Title

_____ Address,
Zip

_____ Fax/Phone

_____ E Mail

_____ Alternate
Contact

_____ Address, Zip,
Phone

_____ # of performers in company

_____ name and address of any additionally insured entities

YEARLY FEES

_____ Yearly Due Date/Paid Dates

PLEASE ATTACH A LIST OF PROPOSED PERFORMANCES DURING THE YEAR.

Include dates, # of performers, site, # of audience

I have read this agreement and agree to abide by the terms set out in the attached Umbrella Agreements and Guidelines (page 1-4).

Delinquent Umbrella Fees will be considered grounds for contract termination with Dance Alliance.

Santa Barbara Dance Alliance retains the right to withhold delinquent Umbrella Fees from donations received for the Umbrella Groups benefit.

This contract will remain in effect upon timely payment of annual dues, unless SBDA is otherwise notified.

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_____ for Umbrella Group

_____ SBDA Board Member/ED

_____ Date

UmbContr.doc 3.2.05

po box 22256 - santa barbara, ca 93121 - 805.966.6950
www.sbdancealliance.org