TRAVELER REQUEST FORM
This form when signed by both parties will serve as an official Agreement

SUBMIT TO:    Joanne Asman   OR   Justine Gilman
              P.O. Box 21022
              Glendale, Ca. 91221
              818-842-8444 or Fax: 818-842-8445
              email: jsa@asmanj.com
              Lyon Recreation Center
              USC University Park
              Los Angeles, CA 90089-2500
              Tel: (213) 740-8120 Fax: (213) 740-9739
              email: jgilman@usc.edu

GROUP SPONSORING EVENT: _______________________________________
Contact Person: _______________________________________________
                (Name, address, phone, e-mail and or fax number)

Date(s) of Event: _______________________________________________
Performance Time:   From: __________________________ to ________________
Location of Event: _______________________________________________
Brief Description of Purpose and Program:
________________________________________________________________
________________________________________________________________
________________________________________________________________
What do you want Traveler to do?
________________________________________________________________
________________________________________________________________
________________________________________________________________
Number of people Expected at the Event: ____________________________
Appearance Fee: $1700 plus transportation $_____. ($500 Non Refundable Deposit with Booking.)
Final Payment (Due before Date of Appearance): Cash ____ Check ____ Credit Card ____
Card # ____________________ Exp Date: ____________________ 3 Digit CVV #

**Signature of Requesting Party: ______________________________________

FOR COMMITTEE USE ONLY

Joanne Asman’s Approval: _______________________ Date: ______________
Justine Gilman’s Approval: _______________________ Date: ______________