

Gloucester Unitarian Universalist Church

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Address

			Date:
		Per	formance Contract
	Performance Date:		
	Time (s):		
	Name of Event:		
	Person Responsible:		Phone:
			Email:
	Space (s):		Work Phone:
	P	Performance Fee	
		Deposit	
		Sexton Fee	
		Other Fees	
		Total Due	
Pe	rformer requires:		
ę	ignature of Responsible Party :	ff Signature:	
5	ignature of Responsible Party : Star	ıı əignature:	