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í X Complete the Artistic Performance Agreement Routing Form. An incomplete or incorrect routing form will

Name of Performer: \_\_\_\_\_ KSU Contact: \_\_\_\_\_

Title of Performance \_\_\_\_\_ KSU Contact Email: \_\_\_\_\_

Date Performance Begins: \_\_\_\_\_ Ends: \_\_\_\_\_

Is the Artistic Performer...? (Select Yes/No)

An active vendor in the OwlPay I WCE System?

Yes

No

If no, performer must submit a signed es a



