

MANCHESTER WOMAN'S CLUB
P.O. BOX 11 MANCHESTER, MA 01944
manchesterwomansclub@gmail.com
PROGRAM CONTRACT

Lecturer _____

Address _____

Phone _____

Email _____

Program _____

Date _____

Time _____

Title _____

Subject _____

Location _____

Address _____

Lecture Fee *

MA Cultural Council Grant \$ _____

* Lecturer—if your presentation is free of charge and if you wish, the Club, as a thank you, has the option to donate to a non-profit in your name and of your choosing. Please give the name and address of the non-profit below.

Lecture/Room Requirements [check all that apply]

		Club Provides		Lecturer Provides
_____ Lectern				
_____ Projector				
_____ Screen				
_____ WiFi				
_____ Extension Cords				
_____ # of Tables				
_____ Tablecloths				
_____ Chairs				
_____ Other Items				

Woman's Club Representative _____
Print Name Signature Date

Lecturer _____
Print Name Signature Date

Please provide brief descriptions of your program and a biography for use by the Woman's Club for an introduction and publicity.

Biography received _____

Copies of completed contract sent to:

Treasurer _____ | Hostesses _____ | Communications _____ | Yearbook _____