



Contact Us

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VISUAL ARTS, MUSIC, DANCE, DRAMA

VISUAL AND PERFORMING ARTS ■ 459 BROADWAY ■ CAMBRIDGE, MA 02138

ACCOMPANIST AND GUEST ARTIST FORM

Upon Completion, submit this form to the VPA Office for review.

REQUESTING TEACHER: \_\_\_\_\_

ARTIST/ACCOMPANIST NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

Street                                  Apt #                                  City                                  State                                  Zip

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

DOES THE ARTIST CURRENTLY HAVE A W-9 ON FILE?    YES                     NO                     I'M NOT SURE

DESCRIPTION OF SERVICE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE(S) OF SERVICE:

\_\_\_\_\_  
\_\_\_\_\_

NUMBER OF HOURS: \_\_\_\_\_

TOTAL COST: \_\_\_\_\_

Please note that submission of form does not guarantee approval.