

PTSA Form
Independent Contractor Services

Dated: ____/____/____

Class Description: _____

Class Location: _____ Estimated Class Size: _____

Class Schedule/ Include day(s) of the week, and time(s):

Describe the attendee selection process for this class (lottery, first come/ first serve, etc):

Rules of use (materials, space, cleaning, etc) _____

Cancellation policy: _____

Note: Contractor will be held liable for any _____ district property that is damaged during contractual time

Independent Contractor Fee: _____

Attendee tuition Fee: _____

The **Independent Contractor** that will be providing the service described below:

Contractor services will be provided: Starting: ____/____/____ Ending: ____/____/____

Tax ID Number: _____ E-mail _____

Address: _____

Phone Number: _____ Cell Number: _____

Do you hold a Master Business License? ____ Yes ____ No
**If so, attach a copy of the business license to your W-9 when submitting this form*

Instructors Name: _____ Email _____

Contact # (if different than above) _____ Cell # _____

Independent Contractor: _____ **Date:** ____/____/____

PTA/ PTSA Elected Officer: _____ Date: ____/____/____

PTS/ PTSA Elected Officer: _____ Date: ____/____/____

Note: Independent Contractor & (2) Elected PTA/ PTSA officers signatures are required

**Retain a copy of the documents in both copies of the LWSD Council PTSA legal binders*