

<NAME> Public Library Trainer Contract
Continuing Education Training Grant

Date: <DATE HERE>

This contract is arranged between <LIBRARY NAME> and <TRAINER NAME> for the program <PROGRAM NAME> to be held on <DAY & DATE> AT <LOCATION ADDRESS>, beginning at <PROGRAM START TIME> and continuing until <PROGRAM END TIME>.

The agreed upon fee is <FEE AMOUNT> (including mileage), which will be paid* on the day of the performance.

The library will provide:

- <LIST PROVISIONS AGREED UPON WITH THE TRAINER>
- <LIST PROVISIONS AGREED UPON WITH THE TRAINER>

Library restrictions are:

- <LIST SPECIFIC RESTRICTIONS, PARTICULARLY SALES OF PRODUCTS AND LIBRARY POLICY, AGREED UPON WITH THE TRAINER>

Signature of Librarian

Date

Signature of Trainer

Date

<TRAINER ADDRESS, CITY, STATE, AND ZIP>

Please sign and return one copy to: <LIBRARY NAME, ADDRESS, CITY, STATE, ZIPCODE>

If there are any questions or problems, please call <NAME> at <PHONE NUMBER>.

* Submit one copy of contract to Jean Anderson at SCLS at least 30 days prior to program to ensure payment is available for trainer on day of program.