(EIF) Event Information Form 2018 -2019

Directions:
Please submit your completed EIF Form to the Reservations Office. Minimum 4 weeks before your event. Send it by email to: reservations@wesley.edu or drop it off at the Reservations Office. Do Not Advertise Your Event Until It Has Been Approved.

Sponsoring Organization: Blue Angels

Name of Event: Up Up and Away

Organization's contact person: (1 per event): Lisa Smith

E-mail: lisasmith@email.wesley.edu

Phone Number: 302-123-4567

Event date: Saturday October 20th

Start Time: 7:00pm - SET-UP EVENT TIME 8pm - 11 pm

End Time: 12:00am

Event Location: CC206

Expected Number of People: 100

Have you reserved the room? Yes No

Are you inviting outside guests to attend your event? Yes No

If Yes, Please list them on last page of this form or a separate sheet of paper.

Are you serving food? Yes

If yes, Please attach the price quote from Aramark Go on Caterex and select your menu items and include the food order, with the budget number that you get from SGA.

Will you need a noise permit from the City of Dover for an outside event? Yes No

Did you fill out the forms?

*** Do you need tabling in CC Lobby? Yes October 17, 18 and 19 from 12pm -2pm
Detailed Description of the event. Please type the information about your event.
(For Example: We are having an Ice Cream Social with a DJ. We will need 5 tables set-up in the Underground. Please see the attached diagram. This event is for Wesley Students only.)

This event is a Social event on Campus.

We are having a DJ and serving light food.

No Outside guests will be invited.

Set-up style:
Classroom – tables and chairs
Theater - just chairs
Banquet: tables with chairs set for a dinner or luncheon
Please attached the room set-up diagram
(Please note we only have 5 round tables and we use 5ft rectangular tables for set-ups)

We want 8 (6ft) tables setup around the room for seating 6 people per tables and 4 tables for food.
We want to keep the center of the room clear for dancing.
A Vendor is someone you are hiring and paying for services such as: entertainment, rentals of any kind, Exercise Instructor, Photographer, Artist, selling or providing items or amusements for students. Each Vendor must provide you with a contract, an invoice, a certificate of insurance (naming Wesley College as the additionally insured) and a W-9 tax form, so they can get paid. **Students must not sign any contracts.**

**** Have you included the relevant documents with this form?

**Are you hiring a vendor?**
If, yes- then include the vendor’s contract, invoice and Certificate of Insurance (naming Wesley College as the additionally insured)
If the fee is $499 and under you will also need to submit a Check Request
If the fee is $500 and over you will also need to submit a Purchase Order

Have you reviewed your budget with the SGA? Students Affairs (for SAB)? _x_ Yes ___ No  
Has the SGA approved this event? Students Affairs (for SAB)? ____ x Yes ___ No

***Budget Number 123456789101112
Total cost of the event: $423.50 = TOTAL DJ & FOOD

Do you want the check to be mailed to the vendor _x_ Yes ___ No
Pick up the check ___ Yes ___ No I will pick up the check on

Is the event being advertised? (Yes) (No)
If yes, where? See attached Flyer

Is the event being advertised on social media? _x_ Yes ___ No
If yes, where? Facebook, Snapchat

Are there flyers for the event (flyer must be attached) _x_ Yes ___ No

Has your advisor reviewed the event with you and signed off on it? ____ x_ Yes ___ No

List of outside guests:
*****Only completed EIF forms with all the necessary documents attached and signatures will be accepted for processing. If documents are missing, the forms will be returned to the event organizer.

*****If your event is not completely approved 7 days before the event date, you may lose your room reservation.

Approved By: Signatures needed before you turn the form over to Reservations Department

Signature of Event Coordinator:  

[Signature: Lisa Smith (real signature)]

Event Coordinator: Print name: Lisa Smith Date: 9/24/18

Signature of Advisor:  

[Signature: Dr. Malcom Jones (real signature)]

Advisor: Print Name Dr. Malcom Jones Date: 9/24/18

Reservations Office use only

Received by Reservations on ____________________ Time Received ______________

Event # ________________________________

IT ________________________________

Coach Wearden ________________________________

Security ________________________________

Facilities ________________________________

Aramark ________________________________

SGA ________________________________

V.P Finance ________________________________

Belinda Burke, CPA, CMA, CCE,  
CFO, VP for Finance and Administration
Blue Angels

Up Up & Away Social

* Saturday October 20

In CC206 8:30pm – 11:00pm

R.S.V.P.

lisasmith@email.wesley.edu
Order Name: *Coffee and Concerns*

**Customer Information**
- **First Name:** LISA
- **Last Name:** SMITH
- **Department/ Company:** BLUE ANGELS
- **Email:** LISASMITH@EMAIL.WESLEY.EDU
- **Phone:** 302-123-4567
- **Tax Exempt:** True

**Delivery / Pickup Information**
- **Method:** On Campus Delivery
- **Contact:** LISA SMITH
- **Phone:** 302-123-4567
- **Purpose of Event:** SOCIAL UP UP AND AWAY
- **Building:** College Center
- **Room #:** CC 306
- **Have you reserved your room <br> with Naomi Rubin, 302-736-2593?:** Yes

**Event Information**
- **Guest Count:** 100
- **Pick-up / Delivery Date:** SATURDAY OCT 20
- **Food Ready Time:** 7:30 PM
- **Event Start Time:** 8:00 PM
- **Event End Time:** 11:00 PM

**FOOD**

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Qty</th>
<th>Price</th>
<th>Ext.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assorted Cookies and Brownies (Fresh Food on the Go, On the Go Breaks)</td>
<td>50</td>
<td>$1.59</td>
<td>$79.50</td>
</tr>
</tbody>
</table>

**BEVERAGES**

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Qty</th>
<th>Price</th>
<th>Ext.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular and Decaffeinated Coffee, Tea (0 cal/8 oz. serving) - Includes Appropriate Condiments - per person</td>
<td>50</td>
<td>$1.99</td>
<td>$99.50</td>
</tr>
<tr>
<td>Hot Chocolate (160 cal/8 oz. serving) - per person</td>
<td>25</td>
<td>$1.99</td>
<td>$49.75</td>
</tr>
<tr>
<td>Lemonade (90 cal/8 oz. serving) - per person</td>
<td>25</td>
<td>$1.79</td>
<td>$44.75</td>
</tr>
</tbody>
</table>

* Any amount charged by Aramark (such as an
administrative, service, delivery, labor, or other charge or fee), unless expressly designated as a tip or gratuity, is not for the benefit of any employee(s) and is not a tip or gratuity. Charges or fees other than those designated as tips or gratuities are not distributed to employees except where expressly stated otherwise in writing.

*Please Note: The final order total may be recalculated to include linen, labor, serviceware, delivery fees, flowers, special requests, or additions to standard orders.

UNCONSUMED FOOD AND BEVERAGE POLICY: To protect you and your guests from food-borne related illness, any food not consumed during an event may not be removed from the serving location.

Order Totals

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub Total</td>
<td>$273.50</td>
</tr>
<tr>
<td>Order Total</td>
<td>$273.50</td>
</tr>
<tr>
<td>Balance Due</td>
<td>$273.50</td>
</tr>
</tbody>
</table>

Special Instructions

Event does not end until 9:30

Order #2483

Please note that the Administrative Charge is not intended to be a tip, gratuity, or service charge for the benefit of employees.
**CHECK REQUEST**

**DATE:** 9/24/18  
**DUE DATE:** 10/22/2018

**VENDOR:** Jamal Brown  
**VOUCHER NO:**

**ADDRESS:** 125 S. State Street  
**RETURN CHECK TO:**

Dover, DE 19901

**STANDARD CHECK REQUEST**  
All support must be attached

**ADVANCE CHECK REQUEST**  
All support must be returned to the Business Office within 5 business days of the funds being used.

<table>
<thead>
<tr>
<th>BUDGET NO:</th>
<th>DESCRIPTION:</th>
<th>AMOUNT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>12345678910112</td>
<td>DJ for Oct 20 Blue Angels event in CC206</td>
<td>150.00</td>
</tr>
</tbody>
</table>

**REQUESTOR:** Lisa Smith  
**DATE:** 9/24/18

**REQUESTOR'S E-MAIL ADDRESS:** lisamith@email.wesley.edu

**SIGNATURE:** Lisa Smith  
**DATE:** 09/24/2018

**APPROVAL SIGNATURE:**

Belinda Burke, CPA, CMA,CCE, CFO, VP for Finance and Administration
## INVOICE

**Jamal Brown**

125 S. State Street  
Dover, DE 19901  
Email: DJJBrown@gmail.com

**Wesley College**

120 North State St  
Dover, DE 19901  
Phone 302.736.2300

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
</table>
| DJ services for Blue Angels Event on October 20, 2018  
Setup time 7:00pm  
Event 8:00pm - 11:00pm  
Breakdown by 12:00am | $150.00 |

Payment Due by October 22, 2018

**TOTAL**  
$150.00

Make all checks payable to Jamal Brown.  
If you have any questions concerning this invoice call 302-123-4567  

THANK YOU FOR YOUR BUSINESS!
INDIVIDUAL

NAME ON CERTIFICATE OF INSURANCE

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
   Jamal Brown

2. Business name/disregarded entity name, if different from above
   DBA DJ Cool

3. Check appropriate box for federal tax classification; check only one of the following seven boxes:
   - Individual/sole proprietor
   - C Corporation
   - S Corporation
   - Partnership
   - Trust/estate
   - Single-member LLC
   - Limited liability company. Enter the tax classification (C=Corporation, S=S Corporation, P=Partnership)

   Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
   - Exempt payee code (if any)
   - Exemption from FATCA reporting code (if any)

   (Applies to accounts maintained outside the U.S.)

5. Address (number, street, and apt. or suite no.)
   125 South State Street
   Dover, DE 19901

6. City, state, and ZIP code

7. List account number(s) here (optional)

Part I

Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

1 2 3 - 0 0 - 0 0 0 0

or

Employer identification number

- - - - - - - - - -

Part II

Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Signature of U.S. person

Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners’ share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.

Cat. No. 10231X

Form W-9 (Rev. 12-2014)
CERTIFICATE OF LIABILITY INSURANCE

PRODUCER
East Main Street Insurance Services, Inc.
Will Maddux
PO Box 1298
Grass Valley, CA 95945
Phone: (530) 477-6321 Email: info@theeventhelper.com

INSURED
JAMAL BROWN
125 SOUTH STATE ST
DOVER DE 19904

THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFRMS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

<table>
<thead>
<tr>
<th>INSURER</th>
<th>NAIC #</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>33378</td>
</tr>
<tr>
<td>B</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td></td>
</tr>
</tbody>
</table>

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

<table>
<thead>
<tr>
<th>INSURER</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>EACH OCCURRENCE</td>
</tr>
<tr>
<td>A</td>
<td>MED EXP (Any one person)</td>
</tr>
<tr>
<td>A</td>
<td>PERSONAL &amp; ADV INJURY</td>
</tr>
<tr>
<td>A</td>
<td>GENERAL AGGREGATE</td>
</tr>
<tr>
<td>A</td>
<td>PRODUCTS - COMPOD AGG</td>
</tr>
<tr>
<td>A</td>
<td>DEDUCTIBLE</td>
</tr>
</tbody>
</table>

INSURER A
COMMERCIAL GENERAL LIABILITY
CLAIMS MADE X OCCUR
Host Liquor Liability
GENL AGGREGATE LIMIT APPLIES PER: X POLICY LOC
Retail Liquor Liability

AUTO LIABILITY
ANY AUTO
ALL OWNED AUTOS
SCHEDULED AUTOS
HIRED AUTOS
NON-OWNED AUTOS

MEDICAL PAYMENT COVERAGE
PER AUTOMOBILE & EACH PERSON $5,000

AGGREGATE LIMIT
$2,000,000

GARAGE LIABILITY
ANY AUTO

EXCESS/UMBRELLA LIABILITY
OCCUR CLAIMS MADE

DATE OF YOUR EVENT: 09/10/2016

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate holder listed below is named as additional insured per attached CG 20 26 07 04.
Attendance: 45, Event Type: "

CERTIFICATE HOLDER
Wesley College
120 N. State Street
Dover, DE 19901

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDORSE TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Will Maddux

© ACORD CORPORATION 1988
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

<table>
<thead>
<tr>
<th>Name Of Additional Insured Person(s) Or Organization(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wesley College</td>
</tr>
<tr>
<td>120 N. State Street</td>
</tr>
<tr>
<td>Dover, DE 19901</td>
</tr>
</tbody>
</table>

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

A. In the performance of your ongoing operations; or

B. In connection with your premises owned by or rented to you.
**CHECK REQUEST**

**DATE:** 9/24/18  
**DUE DATE:** 10/22/2018

**VENDOR:** DJ Sweey Music, INC  
**VOUCHER NO:**

**ADDRESS:** 400 S. State Street, Dover, DE 19901

**RETURN CHECK TO:**

---

**STANDARD CHECK REQUEST**

- [x] All support must be attached

**ADVANCE CHECK REQUEST**

- [ ] All support must be returned to the Business Office within 5 business days of the funds being used.

---

<table>
<thead>
<tr>
<th>BUDGET NO.</th>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>12345678910112</td>
<td>DJ for Oct 20 Blue Angels event in CC206</td>
<td>150.00</td>
</tr>
</tbody>
</table>

---

**REQUESTOR:** Lisa Smith  
**DATE:** 9/24/18

**REQUESTOR'S E-MAIL ADDRESS:** lismith@email.wesley.edu

**SIGNATURE:** Lisa Smith  
**DATE:** 09/24/2018

**APPROVAL SIGNATURE:**

---

*Belinda Burke, CPA, CMA, CCE, CFO, VP for Finance and Administration*
**DJ Sweet Music, Inc**

400 S. State Street  
Dover, De 19901  
Email: DJSweetMusic@gmail.com

**DATE:** Sept. 20 2018  
**INVOICE #** 62727  
**FOR:** DJ Services

**Wesley College**  
120 North State St  
Dover, DE 19901  
Phone 302.736.2300  Fax 302.736.2308

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>DJ services for Blue Angels Event on October 20, 2018</td>
<td></td>
</tr>
<tr>
<td>Setup time 7:00pm</td>
<td></td>
</tr>
<tr>
<td>Event 8:00pm - 11:00pm</td>
<td></td>
</tr>
<tr>
<td>Breakdown by 12:00am</td>
<td>$150.00</td>
</tr>
<tr>
<td>Payment Due by October 22, 2018</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL** $150.00

Make all checks payable to DJ Sweet Music Inc.  
If you have any questions concerning this invoice call 302- 123-4567  

THANK YOU FOR YOUR BUSINESS!
Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

1. Name (as shown on your income tax return; Name is required on this line; do not leave this line blank).
   James Green

2. Business name/disregarded entity name, if different from above.
   DJ Sweet Music INC

3. Check appropriate box for federal tax classification; check only one of the following seven boxes:
   ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
   ☐ single-member LLC
   ☐ Limited liability company. Enter the tax classification (C=s corporation, S=s corporation, P=partnership)
   Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
   ☐ Other (see instructions)
   ☐

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
   ☐ Exempt payee code (if any)
   ☐ Exemption from FATCA reporting code (if any)
   (Applies to accounts maintained outside the U.S.)

5. Address (number, street, and apt. or suite no.)
   400 South State Street
   Requester’s name and address (optional)

6. City, state, and ZIP code
   Dover, DE 19901

7. List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Social security number

or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and

3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Signature of U.S. person

Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amounts reportable on an information return. Examples of information returns include, but are not limited to, the following:

• Form 1098 (interest earned or paid)
• Form 1098-DIV (dividends, including those from stocks or mutual funds)
• Form 1098-MISC (various types of income, prizes, awards, or gross proceeds)
• Form 1099-S (stock or mutual fund sales and certain other transactions by brokers)
• Form 1099-B (proceeds from real estate transactions)
• Form 1099-K (merchant card and third party network transactions)
• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
• Form 1099-C (canceled debt)
• Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.

Cat. No. 10231X Form W-9 (Rev. 12-2014)
Note, if you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester’s form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners’ share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has not been treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8333 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8333.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include all interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details).
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See Exempt payee code on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see Special rules for partnerships above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See Exemption from FATCA reporting code on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the granter of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose name you entered in Part I of Form W-9.

a. Individual. Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

b. Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or “doing business as” (DBA) name on line 2.

c. Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation. Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

d. Other entities. Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a “disregarded entity.” See Regulations section 301.7701-2(c)(2)(i)(B). Enter the owner’s name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2. “Business name/disregarded entity name.” If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.
CERTIFICATE OF LIABILITY INSURANCE

PRODUCER
East Main Street Insurance Services, Inc.
Will Maddux
PO Box 1298
Grass Valley, CA 95945
Phone: (530) 477-6521 Email: info@theeventhelper.com

INSURED
DJ Sweet Music, Inc
400 South State St
Dover, DE 19901

Cancellations
This certification is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.

INSURERS AFFORDING COVERAGE
NAIC #
INSURER A: Evanston Insurance Company 33578
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

The policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Aggregate limits shown may have been reduced by paid losses.

<table>
<thead>
<tr>
<th>INSURANCE</th>
<th>TYPE OF INSURANCE</th>
<th>POLICY NUMBER</th>
<th>POLICY EFFECTIVE DATE</th>
<th>POLICY EXPIRATION DATE</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Y</td>
<td>GENERAL LIABILITY</td>
<td>3DS5450-M1710068</td>
<td>09/10/2015</td>
<td>09/11/2016</td>
<td>EACH OCCURRENCE (INCLUDING BODILY INJURY AND PROPERTY DAMAGE) $1,000,000</td>
</tr>
<tr>
<td></td>
<td>COMMERICAL GENERAL LIABILITY</td>
<td></td>
<td></td>
<td></td>
<td>MED EXP (Any one person) $5,000</td>
</tr>
<tr>
<td></td>
<td>CLAIMS MADE</td>
<td></td>
<td></td>
<td></td>
<td>PERSONAL &amp; ADV INJURY $1,000,000</td>
</tr>
<tr>
<td></td>
<td>OCCUR</td>
<td></td>
<td></td>
<td></td>
<td>GENERAL AGGREGATE $2,000,000</td>
</tr>
<tr>
<td></td>
<td>Host Liquor Liability</td>
<td></td>
<td></td>
<td></td>
<td>PRODUCTS - COMPDAGG $1,000,000</td>
</tr>
<tr>
<td></td>
<td>POLICY</td>
<td></td>
<td></td>
<td></td>
<td>DEDUCTIBLE $1,000</td>
</tr>
<tr>
<td></td>
<td>PROJECT</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>LOC</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>RETAIL LIQUOR LIABILITY</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>
|           | AUTOMOBILE LIABILITY | | | | COMBINED SINGLE LIMIT (Ea accident)
|           | ANY AUTO | | | | $ |
|           | ALL OWNED AUTOS | | | | BODILY INJURY (Per person) $ |
|           | SCHEDULED AUTOS | | | | BODILY INJURY (Per accident) $ |
|           | HIRED AUTOS | | | | PROPERTY DAMAGE (Per accident) $ |
|           | NON-OWNED AUTOS | | | | $ |
|           | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT $ |
|           | ANY AUTO | | | | OTHER THAN AUTO ONLY: AGG |
|           | EXCESS/UMBRELLA LIABILITY | | | | EACH OCCURRENCE $ |
|           | OCCUR | | | | AGGREGATE $ |
|           | CLAIMS MADE | | | | $ |
|           | DEDUCTIBLE | | | | $ |
|           | RETENTION | | | | $ |
|           | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | WA STATUTORY LIMITS |
|           | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | | | OTHER |
|           | IF YES, DESCRIBE UNDER SPECIAL PROVISIONS BELOW | | | | $ |
| OTHER | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Certificate holder listed below is named as additional insured per attached CG 20 26 07 04.
Attendants: 45, Event Type:

CERTIFICATE HOLDER
Wesley College
120 N. State Street
Dover, DE 19901

CANCELLATION
Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

AUTHORIZED REPRESENTATIVE

© ACORD CORPORATION 1998
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

<table>
<thead>
<tr>
<th>Name Of Additional Insured Person(s) Or Organization(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wesley College</td>
</tr>
<tr>
<td>120 N. State Street</td>
</tr>
<tr>
<td>Dover, DE 19901</td>
</tr>
</tbody>
</table>

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

A. In the performance of your ongoing operations; or
B. In connection with your premises owned by or rented to you.
Agreement made this “March 5th, 2018” between “JAMAL BROWN” and “Wesley College” (hereinafter referred to as “Purchaser”)

It is mutually agreed between the parties as follows:
The purchaser hereby engages the Artist and the Artist hereby agrees to perform the performance hereinafter provided, upon all the terms and conditions herein set forth, including those entitled additional terms and conditions and rider(s) and agenda thereto.

<table>
<thead>
<tr>
<th>QTY</th>
<th>ITEM DESCRIPTION</th>
<th>PRICE EACH</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>DJ in the Cafe</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

PLACE OF ENGAGEMENT: Wesley College Gym Dining Hall
420 N State St 10; Fulton Street
Dover DE 19901

ALL PAYMENTS SHALL BE PAID BY CERTIFIED CHECK, MONEY ORDER, BANK DRAFT, OR CASH AS FOLLOWS:
FULL PAYMENT SHALL BE PAID BY PURCHASER BY N/A
FULL PRICE AGREED UPON:
Check made payable to JAMAL BROWN

ADDITIONAL TERMS and CONDITIONS.

A. Sound Stage and Lighting. Artist agrees to provide sound and lights for the Performances.
B. Cancellation. Shows becoming canceled due to Act of God or events out of the control of the Artist or Presenter relieve all parties of their obligation under this agreement. Once contract has been submitted, the contracting parties have up to Twenty days prior to the event date to cancel.
C. Amendments. This Agreement may not be clarified, modified, changed or amended except in writing signed by both parties.
D. Entire Agreement. This Agreement and the accompanying Artist Contract and Artist Rider express the complete understanding of the parties, set forth the entire agreement between the parties, and may not be assigned, changed, modified or altered, except by an instrument in writing, signed by Artist and/or Artist’s management and Purchaser. Nothing contained in this Agreement shall be construed to constitute the parties as a partnership or joint venture and Artist shall not be liable in whole or in part for any obligation that may be incurred by Purchaser.

THE SIGNATURES BELOW CONFIRM THAT THE PARTIES HAVE READ AND APPROVED EACH PROVISION SET FORTH AND RIDER(S) THERETO:

WESLEY COLLEGE REPRESENTATIVE

Name: Belinda Burke, CPA, CMA, CCE, CFO, VP for Finance and Administration

Name: Manager
Date: March 5, 2018

STUDENTS & ADVISORS
DO NOT SIGN CONTRACTS
**Wesley College**  
120 North State Street  
Dover, Delaware 19901-3875  
302.736.2400

**PURCHASE ORDER NO.**

**DATE** January 29, 2018

**IMPORTANT INSTRUCTIONS**

Contact the Finance Office in writing or at 302.736.2337 if there are any questions regarding this order or if there will be more than a two week delay in shipping. All acknowledgements should be mailed to the Finance Office stating delivery terms. All invoices and statements MUST be sent to the address indicated below. Any invoice or statement not addressed to the address below MAY NOT be honored by Wesley College and any resulting interest or finance carrying charge WILL NOT be honored. Do not enclose invoice with shipment. Please ship subject to our 10-day review and approval.

**MAIL ALL INVOICES TO:**

WESLEY COLLEGE  
FINANCE OFFICE  
120 N. STATE STREET  
DOVER, DE 19901

**VENDOR** DJ SWEET MUSIC, INC  
400 S. STATE STREET  
DOVER, DE 19901

**SHIP TO** MAILROOM/RECEIVING  
120 N. STATE STREET  
DOVER, DE 19901-3875

**TAX EXEMPT** #51-0064335

<table>
<thead>
<tr>
<th>CHARGE TO ACCOUNT NUMBER</th>
<th>QUANTITY</th>
<th>DESCRIPTION</th>
<th>UNIT COST</th>
<th>TOTAL COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-500-90320-71510</td>
<td>200</td>
<td>Silent Glow-Up Three Channel Headphones Rental</td>
<td>$7.00</td>
<td>$1,400.00</td>
</tr>
<tr>
<td>1-500-90320-71510</td>
<td>1</td>
<td>Silent Glow Multi-Listener System</td>
<td>$400.00</td>
<td>$400.00</td>
</tr>
<tr>
<td>1-500-90320-71510</td>
<td>2</td>
<td>Disc Jockey's</td>
<td>$400.00</td>
<td>$800.00</td>
</tr>
<tr>
<td>1-500-90320-71510</td>
<td>1</td>
<td>Labor, Cleaning, Delivery, Setup &amp; Teardown</td>
<td>$400.00</td>
<td>$400.00</td>
</tr>
</tbody>
</table>

SUBTOTAL $3,000.00

ADDITIONAL COSTS $0.00

TOTAL $3,000.00

Originator – please make a copy and forward to the Finance Office for processing.

REQUESTED BY: **LISA SMITH**  
REQUISITION DATE: **9/24/18**

SIGNED:  
SIGNATURE: **Dr. Malcolm Jones**  
DIVISION CHAIR:  
DEPARTMENT HEAD OR ADVISOR:  
CABINET OFFICER:  

Belinda Burke, CPA, CMA, CCE,  
CFO, VP for Finance and Administration
Agreement made this “January 15th, 2018” between DJ Sweet Music, Inc hereinafter referred to as “Wesley College” (Hereinafter referred to as “Purchaser”) and the Artist hereby engages the Artist and the Artist hereby agrees to perform the engagement hereinafter provided, upon all the terms and conditions herein set forth, including those entitled additional terms and conditions and rider(s) and agenda thereto.

<table>
<thead>
<tr>
<th>QTY</th>
<th>ITEM DESCRIPTION</th>
<th>PRICE EACH</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>200</td>
<td>Silent Glow Light up Three-Channel Wireless Headphones Monday March 5, 2018 8:00-11:00pm “Silent Mixy Monday”</td>
<td>$7</td>
<td>$1400</td>
</tr>
<tr>
<td>1</td>
<td>Patented Silent Glow Multi Listener System Includes: Transmitting equipment, Sound Board, microphones, cabling charging docs</td>
<td>$400</td>
<td>$400</td>
</tr>
<tr>
<td>2</td>
<td>Disc Jockeys DJ Blaire DJ Dre</td>
<td>$400</td>
<td>$800</td>
</tr>
<tr>
<td>1</td>
<td>Cleaning, Delivery, Setup, &amp; Teardown</td>
<td>$400</td>
<td>$400</td>
</tr>
</tbody>
</table>

PLACE OF ENGAGEMENT: Wesley College Gym underground 120-430 N State st Dover DE 19901

ALL PAYMENTS SHALL BE PAID BY CERTIFIED CHECK, MONEY ORDER, BANK DRAFT, OR CASH AS FOLLOWS:
FULL PAYMENT SHALL BE PAID BY PURCHASER BY Friday March 9th, 2018
FULL PRICE AGREED UPON: $3,000.00
Check made payable to DJ Sweet Music

ADDITIONAL TERMS and CONDITIONS.

A. Sound Stage and Lighting. Artist agrees to provide sound and lights for the Performances.
B. Cancellation. Shows becoming canceled due to Act of God or events out of the control of the Artist or Presenter relieve all parties of their obligation under this agreement. Once contract has been submitted, the contracting parties have up to Twenty days prior to the event date to cancel.
C. Amendments. This Agreement may not be clarified, modified, changed or amended except in writing signed by both parties.
D. Entire Agreement. This Agreement and the accompanying Artist Contract and Artist Rider express the complete understanding of the parties, set forth the entire agreement between the parties, and may not be assigned, changed, modified or altered, except by an instrument in writing, signed by Artist and/or Artist’s management and Purchaser. Nothing contained in this Agreement shall be construed to constitute the parties as a partnership or joint venture and Artist shall not be liable in whole or in part for any obligation that may be incurred by Purchaser.

THE SIGNATURES BELOW CONFIRM THAT THE PARTIES HAVE READ AND APPROVED EACH PROVISION SET FORTH AND RIDER(S) THERETO:

WESLEY COLLEGE REPRESENTATIVE

Name: Belinda Burke, CPA, CMA, CCE, CFO
Position: V.P. Finance & Administration
Date: January 15, 2018

AKIE ENT. & SOUND, INC.

Name: Manager
Position: Manager
Date: January 15, 2018