COASTAL JAZZ AND BLUES SOCIETY
435 West Hastings Street, Second Floor, Vancouver, BC V6B
Telephone (604) 682-0706
FAX 682-0704

#### CONTRACT

This contract for the personal services of musicians on this 12 14 day of 1708 19 90 (herein called "CJBS") and the undersigned musician or	the engagement described below is made _ between the Coastal Jazz and Blues Society r musicians.
Name of Band or Group NEW ORCHES TRA	A WORKSHOP.
Name and Address of Place of Engagement	ING FACTORY
47 E- HOUSTON ST.,	
CANADIAN SHOWCASE FOR FOREIGN.	
Date(s), Start/Finishing time of Engagement OCT.  — each band should check it	30, 31, NOV. 1 - 9 - MIDNIGHT.
Type of Engagement SHOWAASE	Number of Musicians 6
Compensation Agreed Upon # 900. 80 CDN.	
Purchaser Will Make Payments as Follows CASH	
Forcinasci will make rayments as ronows.	
CANADIANS. List of Performers COAT COOKE, GREGO	- SIMPSON, RON SAMWORTH,
GRAHAM ORD , PAUL PLIMLE)	Y, CLAUDE RANGER
AIR TRANSPORTATION JACCOMODATE	ON HEALTH INSURANCE PROVIDED.
- THROUGH GRANTS FROM EXT	•
Notes VITAL STATISTICS ATTACHED	TC 155 442
Revenue Canada: It is the agent/artist's responsibility to tax waivers. Revenue Canada may require tax deduction Foreign Performers: Please forward a complete personner birth date, birthplace, current address, Social Security Travel arrangements agreed to by CJBS are final and the negotiation of this contract shall be borne by the performer customs charges (if any) upon entering Canada. The lead equipment manifest listing, and a signed copy of this confficials.	ns to be withheld from this fee.  el listing with the following details for immigration ty number and passport number.  e cost of any changes not agreed to during the rmer(s). CJBS is to be informed promptly of travel (s) will be responsible for any immigration/ der should carry on his person a complete
CJBS will be informed promptly of equipment and techn CJBS will be provided promotional materials (ie. bios, p advertising purposes upon signing of this contract.	
In witness whereof, the parties hereto have he day and year first above written:	reunto set their names and seals on the
COASTAL JAZZ AND BLUES SOCIETY	COAT COOKE
Purchaser //	Name of Signatory Musician
CJBS Signatory	Signature of Signatory Musician
AS ABOVE	
Address	Address of Musician/Representation V6H 3P9
Phone: AS AGOVE	Phone: 604 · 734 · 4624

### a-1 Visa Info. (cont'd)

Samworth, Ronald David
Canadian Passport #MB863193
1018 Odlum Drive
Vancouver, B.C.
V51 VL6
Born Vancouver, B.C
October 16,1961

Plimley, Paul Horace Irish Passport #K018960 #207 - 5454 Balsam Street vancouver, B.C. FoM 4B4 Born: Vancouver, B.C. March 16, 1953

Ranger, Claude Joseph Gaston Canadian Passport #MB862645 T77-A Union Street Lancouver, B.C. Vol 203 Born: Montreal, Quebec February 3, 1941

Cooke, David Carlyle
Canadian Passport #MB862451
1150-A Forge Walk
Vancouver, B.C.
Born: Winnipeg, Manitoba
May 10, 1953

Simpson, Gregg Cairns
Canadian Passport #MB863018
2232 Dollarton Highway
Worth VancouveR, B.C.
corn Ottawa, Ontario
March 26, 1947

Ord, Graham Hamilton Canadian Passport #EJ874110 662 Union Street Vancouver, B.C. V6A 2B9 Born: Vancouver, B.C. January 30, 1951

APPROVED OMB 3116-0008 EXP. 10/31/92 \*Estimated Burden Hours: 15 mins. (See page 4);

United States Information Agency EXCHANGE VISITOR FACILITATIVE STAFF GC/V CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS  C 192769						
CANADA (Country) (Code), whose positi	THE PURPOSE OF THIS FORM IS TO:  1 (Male					
	NEW YORK, NY 10012					
A program of American Federation States foreign musicians and vapproximate three month period demonstrating specialized skil	P. 3 . 5285T, which is still valid and is officially described as follows: on of Musicians to bring to the United localists on a reciprocal basis for an a for the purpose of consultation and als, including performing for a U.S. lest of promoting international cultural					
3. This form covers the period from $100 \frac{20}{(Ma.)} \frac{90}{(Pr.)}$ to $100 \frac{1}{(Ma.)}$ under duration of the program as indicated by the dates on this from. If this form is for family travel or replaces a lost form, the expiration date	0.2 $0.0$ Students are permitted to travel abroad & maintain status (e.g. obtain a new visa) on the exchange visitor's I-94 is					
	ner, 4 ( ) Professor, Research Scholar or Specialist, 5 ( ) International Visitor, 6 ( ) Medical esearch, training or professional activity is					
Agency(ies) to support this exchange visitor. If any U.S. Government Age  Financial support from organizations other than the sponsor will be provi b1. ( ) U.S. Government Agency(ies): (Agency	\$ed funding for international exchange from one or more U.S. Government ncy(ies) provided funding, indicate the Agency(ies) by code					
OCT 2 8 1990  ADMITTED  (Name of Of 1501 BR)  (Address)	PRAGUE EXEC ASS'T TO THE PRESIDENT  ficial Preparing Form)  OADWAY, NEW YORK, N.Y. 10036  10/19/90  Responsible Officer or Alternate R.O.T. (Date)					
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212 (e) OF THE 145.  I. (Name)  (Title)  have determined the trinis alien in the above program  ) is not subject to the two year residence requirement.  2 (1) is sybigationased on: — A. () government financing and/or B. () the Exchange visitor skills light and/or C. () PL 94 484 as amended  The United States Information Agency reserves the right of passage the field of the firm of the consumption.  (Signature of Officer)  (Date)	8. STATEMENT OF RESPONSIBLE OFFICER FOR RELEASING SPONSOR (FOR TRANSFER OF PROGRAM)  Date, Transfer of this exchange visitor from program Nosponsored by to the program specified in item (2) is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961.  (Signature of Officer) (Date)					

(5) Exchange visitor is in good standing from (4) Exchange visitor is in good standing from tinue to be in good standing on this copy of the should have the Responsible Officer of your (5) Exchange visitor is in good standing from a configuous territory or adjacent islands you States after a visit to another country other than To facilitate your readmission to the United (2) Exchange visitor is in good standing from physicians entering the U.S. to receive graduate medical education or training (Section 212(e) of the Immigration and permanent residence (immigration) or for status as a temporary worker ("H") or as an intracompany transferee ("L"). directly or indirectly by either his/her own government or by the United States Government is required to reside in his/her own Two-Year Home Country Physical Presence Requirement: Any exchange visitor whose program is financed in whole of in part, government (A) or of an international organization (G) or member of the family or attendant of either of these types of officials and two of Form IAP-66 must be surrendered to a United States immigration officer upon arrival in the United States, Copy classification 1-1, unless exempt from nonimmigrant visa requirements; (2) A passport valid for six months beyond the the United States, an exchange visitor must present the following at the port of entry: (1) A valid nonimmigrant visa bearing Documentation Required for Admission or Readmission as an Exchange Visitor: To be eligible for admission or readmission to Record Technicians, Radiologic Technicians, and other participants in similar categories - the length of the approved training TORS - I year, Medical Record Librarians, Medical Technologists, Medical Record Librarians, Medical certificate. Students for whom the sponsor recommends practical training may be permitted to remain for such purpose for an Limitation on Stay: STUDENTS -as long as they pursue a substantial scholastic program leading to recognized degrees or Naturalization Service within fifteen to sixty days before the expiration of the authorized period of stay. be obtained from or with the assistance of the sponsor. It must be submitted to the appropriate of the Immigration and Extension of Stay and Program Transfers. A completed form IAP-66 is required in order to effect an extension or transfer and may I understand that the following conditions are applicable to exchange visitors:

APPROVED OMB 3116-0008 EXP. 10/31/92 \*Estimated Burden Hours: 15 mins. (See page 4),

E	(CHANGE VISI	tes Informat TOR FACILITAT TY FOR EXCHA	ION Agency IVE STAFF GC/V NGE VISITOR (J-	1) STATUS	<b>C</b> 192769
1. COOKE DAVI. (FAMILY NAME OF EXCHANGE VISITOR)	D	CARLYLE	<b>X</b> ) Ma	THE PURPOSE	OF THIS FORM IS TO:
(FAMILY NAME OF EXCHANGE VISITOR)	(FIRST NAM	E) (MIDD	OLE NAME)	1 (X) Begin a ne	w program ( ) Accompanied by
born $\underbrace{05}_{(Mo.)}$ $\underbrace{10}_{(Day)}$ $\underbrace{53}_{(Yr.)}$ in WINNIPEG	ity)	CANA	Country)	2 ( ) Extend an	ediate family members on-going program. a different program
a citizen of CANADA (Country)		A a legal permanent	resident of	4 ( ) Replace a 5 ( ) Permit visit	
		on in that country is _			ersy to enter 0.5. Separatory.
		415	KNTTTTNG	FACTORY	
	(Pos.	Code) U.S. address	KNITTING 47 E. HOU	STON ST.	
			NEW YORK,		
			10012		
2. will be sponsored by THE AMERIC	AN FEDER	ATION OF M	UȘICIANS		
to participate in Exchange Vis  A program of American	sitor Program No. L	P 3 52	85T, which is still ve	alid and is officially de	escribed as follows:
A program of American	Federatio	on of Musi	cians to l	bring to	the United
States foreign musician	ns and v	ocalists	on a recip	procal bas	is for an
approximate three mont	h period	for the	purpose o	of consult	ation and
demonstrating speciali	zed skil	Is, inclu	ding peri	orming ic	or a U.S.
audience, in the genera	il intere	est of pro	moting int	ernationa.	I Cultural
exchange.	/				
2.71/	90. 11 (	02 90 Student	a are permitted to trave	Labrand & maintain at	intua (a.g. obtoin a novuvias)
3. This form covers the period from (Mo.) (Dav)	(Yr.) $(Mo.)$	Day) (Yr.)	s are permitted to trave	i abroad & maintain st	atus (e.g. obtain a new visa)
under duration of the program as indicated by the da If this form is for family travel or replaces a lost form,		on the exchange visito	or's 1-94 is		
in this form is for family traver of replaces a lost form,	The expiration date	on the exentinge visite	1010410		
<ol> <li>The category of this visitor is 1 ( ) Student, 2 ( ) T Trainee, 7 ( ) Alien employee of the USIA. The Spec</li> </ol>	rainee, 3 ( ) Teach	ner, 4 ( ) Professor, R	esearch Scholar or Spe	ecialist, 5 🗶 ) Internat	ional Visitor, 6 ( ) Medical
Trainee, 7 ( ) Alien employee of the USIA. The Spec	ific field of study, re	esearch, training or pro		bj/Field Code)	described as follows:
PERFORMING MUSICIAN				-,	
5. During the period covered by this form, it is estimate	ed that the following	g financial support (in l	J.S. \$) will be provided	to this exchange visit	tor by:
a. ( ) The Program Sponsor in item 2 above		\$			
This Program Sponsor has has not X	(check one) receiv	ed funding for internati	onal exchange from one	e or more U.S. Gover	nment
Agency(ies) to support this exchange visitor. If any U.					
Financial support from organizations other than the s	ponsor will be prov	ded by one or more o	f the following:		
b1. ( ) U.S. Government Agency(ies):	(Agenc	y Code), \$	; b2	(Agency Cod	le), \$
c1. ( ) International Organization(s):	(Int. Org	Code), \$	; c2	(Int. Org. Co	de), \$
d. ( ) The Exchange Visitor's Government		\$			, use above spaces
e. ( ) The binational Commission of the visitor's C	ountry	\$			by multiple U.S. Intl. Organizations)
f. ( ) All other organizations providing support		\$			
g. ( ) Personal funds		\$			
6. I.N.S. USE	STEVE S	PRAGUE EXE	C ASS'T TO	THE PRES	IDENT
	(Name of O)	ficial Preparing Form)			(Title)
	1501 BR	DADWAY NE	W YORK, N.	Y. 10036	
7	Add	5.001	100		70 /70 /00
		WE // W			10/19/90
		Responsible Officer or A			(Date)
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICE REGARDING SECTION 212 (e) OF THE I.N.S.	±H		「OF RESPONSIBLE O FOR TRANSFER OF P		SING
I. (Name)					
(Title)					ram No spon-
have determined that this alien in the above program  1. ( ) is not subject to the two year residence requirement.					cified in item (2) is necessary or lutual Educational and Cultural
( ) is subject based on: — A. ( ) government financing and/or     B. ( ) the Exchange visitor skills list and/or		Exchange Act of		,	
C. ( ) PL 94 484 as amended The United States Information Agency reserves the right to make the final deter	mination.				
(Signature of Officer) (Date)		(Signature	of Officer)		(Date)

APPROVED OMB 3116-0008 EXP. 10/31/92 \*Estimated Burden Hours: 15 mins. (See page 4).

E	<b>United States</b> XCHANGE VISITOR E OF ELIGIBILITY F	FACILITATIV	E STAFF GC/V	C	192767
CTHDCON CD	ECC.	CAIRNS	( XMale	THE PURPOSE OF THI	S FORM IS TO:
1. SIMPSON GR. (FAMILY NAME OF EXCHANGE VISITOR)	(FIRST NAME)	(MIDDLE	( ) Female	1 ( ) Begin a new program	( ) Accompanied by
born 03 26 47 in OTTAWA		CANADA	A	immediate fami	ily members
$(Mo.)  (Day)  (Yr.) \qquad (C$	City)	1Co	untry)	2 ( ) Extend an on-going p 3 ( ) Transfer to a different	
a citizen ofCANADA	a	legal permanent re	esident of	4 ( ) Replace a lost form. 5 ( ) Permit visitor's immed	liate family
(Country)				(members) to enter	er U.S. separately.
CANADA CANADA (Country)	, whose position in tade)	that country is M	USICIAN		
	415.	IIC address	KNITTING FA	СТОВУ	
	(Pos. Code)	U.S. dudiess	47 E. HOUST	ON ST.,	
			NEW YORK, N		
			10012		
2. will be sponsored by THE AMERIC					<del></del>
to participate in Exchange Vi					
A program of American					
States foreign musician	ns and voca	lists or	a recipro	cal basis	for an
approximate three mont demonstrating specialis	u berron re	or the p	ourpose or	CONSULTATION	on and
audience, in the genera					
exchange.	IT THEELESE	or brome	oring incer	national cu	Ilurar
Chonding C.					
3. This form covers the period from 10 28	90 to 11 02	90 Students a	re permitted to travel abr	oad & maintain status (e.g	. obtain a new visa)
(Mo.) (Day) under duration of the program as indicated by the day		(Yr.)			
If this form is for family travel or replaces a lost form,		e exchange visitor's	I-94 is		
A TO A CONTRACT OF A CONTRACT	C/ \Tachar 4	( \ D (ax Dao	1 O teles a Cassiali	. FW \ Later ational Via	" O / \ \ At-dipal
4. The category of this visitor is 1 ( ) Student, 2 ( ) Trainee, 7 ( ) Alien employee of the USIA. The Spec	rainee, 3 ( ) Teacner, 4 ( cific field of study, researc	<ul><li>Protessor, Hes th. training or profe</li></ul>	earch Scholar or Special ssional activity is 053	ist, 5🗶 ) International vis 2verbally describ	itor, 6 ( ) Medicai led as follows:
			(Subj/Fid	eld Code)	
PERFORMING MUSICIAN					
5. During the period covered by this form, it is estimate	ed that the following finan	icial support (in U.S	\$) will be provided to the	nis exchange visitor by:	**
a. ( ) The Program Sponsor in item 2 above		\$			
This Program Sponsor has has not 1	(check one) received fun-	ding for internation	al exchange from one or	more U.S. Government	
Agency(ies) to support this exchange visitor. If any U.					
Financial support from organizations other than the s	ponsor will be provided by	y one or more of th	ne foliowing:		
b1. ( ) U.S. Government Agency(ies):	(Agency Code	e), \$	; b2	(Agency Code), \$_	· · · · · · · · · · · · · · · · · · ·
oct. ( ) International Organization(s):	(Int. Org. Code	e), \$	; c2	(Int. Org. Code), \$_	
d. ( ) The Exchange Visitor's Government		\$		(If necessary, use ab	
e. ( ) The binational Commission of the visitor's C	ountry	\$		for funding by multip Agencies or Intl. Org.	
f. ( ) All other organizations providing support		\$	<del></del> -		
g. ( ) Personal funds		\$			•
6. I.N.S. USE	STEVE SPRAC	GUE EXEC	ASS'T TO T	HE PRESIDEN	r
	(Name of Official P			(Tite	
	1501 BROADW	WAY, NEW	YORK, N.Y.	10036	
	(Mady ss)	A 111	Δ.		<i>b</i>
	/ CXX	May	4		19/90
	(Signature of Respon		sull R.O.)	(Dai	te)
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICE REGARDING SECTION 212 (e) OF THE I.N.S.	ER 8		F RESPONSIBLE OFFICE R TRANSFER OF PROC		
I. (Name)					
(Title)				visitor from program No. the program specified in ite	
have determined that this alien in the above program  1. ( ) is not subject to the two year residence requirement.				bjectives of the Mutual Ed	
( ) is subject based on: — A. ( ) government financing and/or     B. ( ) the Exchange visitor skills list and/or		exchange Act of 196			
C. ( ) PL 94 484 as amended The United States Information Agency reserves the right to make the final deter	mination.				
(Signature of Officer) (Date)		(Signature of	Officer)	· (D	Pate)

APPROVED OMB 3116-0008 EXP. 10/31/92
\*Estimated Burden Hours: 15 mins. (See page 4).

• • • • • • • • • • • • • • • • • • •	<b>United States I</b> XCHANGE VISITOR E OF ELIGIBILITY FO	FACILITATIV	E STAFF GC	:/V	<b>C</b> 19	2766
1. SAMWORTH F	RONALD	DAVI	)	Male THE PURF	POSE OF THIS FOI	RM IS TO:
	(FIRST NAME)	(MIDDLE	NAME)	1 (X Begi	n a new program ( ) A	
born $\underbrace{10}_{(Mo.)}$ $\underbrace{16}_{(Day)}$ $\underbrace{(Yr.)}_{(Yr.)}$ in $\underbrace{VANCOUVER}_{(Gay)}$	City)	CANAD	A ontry)	2 ( ) Exter	_immediate family mem nd an on-going program afer to a different progra	ı.
a citizen ofCANADA (Country)	(Code) a l	egal permanent re	sident of	4 ( ) Repl 5 ( ) Perm	ace a lost form. hit visitor's immediate far members) to enter U.S.	mily
CANADA	whose position in the	hat country is M	USICIAN			
				<u> </u>		
	- 415 (Pos. Code)	U.S. address	KNITTING	G FACTORY		
	(Pos. Code)		1 11 m	DODIOM DI	• •	
			NEW YORI	K, NY		
			10012			
2. will be sponsored by	ns and voca ch period fo zed skills,	<u>3 528</u> of Music lists or or the p	5T which is sti ians to n a rec purpose ing per	iprocal h of consu rforming	pasis for altation for a	and
3. This form covers the period from $100 \frac{28}{(Max)}$ under duration of the program as indicated by the da If this form is for family travel or replaces a lost form				avel abroad & mainta	ain status (e.g. obta	uin a new visa)
The category of this visitor is 1 ( ) Student, 2 ( ) Trainee, 7 ( ) Alien employee of the USIA. The Spe     PERFORMING MUSICIAN      During the period covered by this form, it is estimate.		ial support (in U.S		(Subj/Field Code)		s follows:
a. ( ) The Program Sponsor in item 2 above  This Program Sponsor has has not Agency(ies) to support this exchange visitor. If any U					overnment	
				ency(les) by code	<del></del>	
Financial support from organizations other than the s					0.11	
c1. ( ) International Organization(s):						
d. ( ) The Exchange Visitor's Government	(int. Oig. Code)	\$			ssary, use above s	
e. ( ) The binational Commission of the visitor's C	ountry	\$		for fund	ing by multiple U.S	5.
f. ( ) All other organizations providing support	ountry	\$		Agencie	s or Intl. Organizat	ions)
g. ( ) Personal funds		\$				
6. I.N.S. USE	STEVE SPRAG		ASS'T I	O THE PRI	ESIDENT	
	(Name of Official Pre				(Title)	
	1501 BROADW	VAY NEW	YORK, N	I.Y. 1003	5	
	(Address)	170				
	(Eignature of Respons	Sible Officer or Altern	att (R.O.)		10/19/	/90
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFIC REGARDING SECTION 212 (e) OF THE I.N.S.	ER 8.		F RESPONSIBLE R TRANSFER OF	E OFFICER FOR RE F PROGRAM)	ELEASING	
(Name) (Title)	D	ate 7	ranefer of this or	change visitor from	program No	snon-
have determined that this alien in the above program				to the program		
1. ( ) is not subject to the two year residence requirement. 2. ( ) is subject based on: — A. ( ) government financing and/or B. ( ) the Exchange visitor skills list and/or C. ( ) PL 94 484 as amended The United States Information Agency reserves the right to make the final deter	hig Ex		s in conformity w	ith the objectives of t		
(Signature of Officer) (Date)		(Signature of C	Officer)		(Date)	