EXHIBIT A STATEMENT OF WORK

	nt to the Master License Agreement Relating to Services Provided to
and Registered Student Organization at Trinity	y University dated (Licensee) Except
as otherwise expressly agreed in this Statement of Work, all terms and conditions set forth in the Master License Agreement Relating to Services Provided to Student Organization shall govern. Student Organization and Name of Individual Requesting Services:	
Term – Start Date:	Completion Date:
LOCATION:	
If on campus, specify where:	
DATE:	
START TIME:	END TIME:
Compensation:	
IN WITNESS WHEREOF, the parties have ex or representatives as indicated by their signatu	secuted this Statement of Work by their duly authorized officers ares below, effective as of the last date signed.
Licensee	Trinity University
Signature	Signature
Name	Name
Date	