

Show Date:	Show Time:
School Name:	School Address:
Contact Name:	Title:
Grades:	Student Count:
Parking Instructions:	Contact phone number:
Program Option:	E-mail:
I agree to:	Your school agrees to (Initial):
 Speak at your school on the date and time entered above. Provide an informational letter, for schools to send home, informing students, parents, and guardians, of the visit and the book signing/sale. Provide promotional material for schools to advertise the visit. Host a book signing after the presentation. Leave form and information about the details of the post-visit-book-sale. Reserve the right to reschedule the show due to performer illness or other extenuating circumstances. In the unlikely event of a charge the show will be moved to a mutually agreeable time. Collect late payments from post show orders 10-days after the visit. Place and ship the schools book order within 3-weeks of receiving payment. 	 Send home the family letter at least 3-5-days prior to the presentation
Set Requirements:	
 Be available 45 mins prior to presentate flow, and book signing details. Provide one 6-foot table and one chair forms. 	ion to speak with John about set up, presentation for the signing.
School Representative Signature	Title Date