

Show Date:	Show Time:
School Name:	School Address:
Contact Name:	Title:
Grades:	Student Count:
Parking Instructions:	Contact phone numb
Program Option:	E-mail:

I agree to:

- 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 10days after the visit.

ber:

Your school agrees to (Initial):

- Send home the family letter at least 7-days prior to the presentation.
- Host a Post-Visit Book Sale allowing students to purchase books for a minimum of **5-school days** (and up to 10-School days) after the visit. _
- Post promotional material and advertise the visit to students and family, up to two-weeks prior to the visit.
- Provide payment for Post Visit Book Sale no more than 10-school days after the visit.
- **Contact us immediately** if you find it necessary to make any changes to your show time. If your school cancels within **14-days** of the scheduled show date for any reason other than unforeseen situations, i.e., inclement weather or school closures, you agree to pay a \$200 cancellation fee.

Set Requirements:

- Be available 45 mins prior to presentation to speak with John about set up, presentation flow, and book signing details.
- Provide one 6-foot table and one chair for the signing.

CONFIRM YOUR IN-PERSON OR VIRTUAL SHOW DATE

School Representative Signature

Title

Date

I am looking forward to visiting your school!

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