

PERFORMANCE CONTRACT

Please contact Stacy Hobbs with information about your event, via the online form, or email, prior to sending this contract.

I (We), _____, agree to have

Stacy Hobbs provide a musical performance on:

Date of Performance: _____

Time of Performance: From _____ To _____

Location of Performance: (name of facility) _____

Address: _____

City, State, Zip _____

Performer's fee: \$ _____

Deposit Required: Yes ___ No ___ Amount: \$ _____

Any cancellation must be given 2 weeks prior to performance date. Failure to do so will result in performer being paid in full. Exceptions for this would be a cancellation due to "acts of God" or uncontrollable circumstances unforeseen by Client.

Signed this _____ day of _____

Client(s) _____

Client's Address _____

Client's Phone Number _____

Client's Email Address _____

Artist _____

Signed this _____ day of _____

Mail signed contract to: Stacy Hobbs

P.O. Box 3072 Roanoke, VA 24015-2538

Or, scan and email to hobbssl@verizon.net

Home Phone: 540-342-2171 Visit www.stacyhobbs.com for more info.