

# Speaker / Entertainment Agreement

Beyond Your Imagination, Inc. / Dr. H P.O. Box 93238 Lubbock, Texas 79493  
806-792-4164 Office 806-438-4856 Cell 806-785-0257 Fax  
[www.BeyondYourImagination.com](http://www.BeyondYourImagination.com) [www.RicksMagic.com](http://www.RicksMagic.com)

This Agreement is made and entered into this day of \_\_\_\_\_ 2005 between  
Beyond Your Imagination, Inc. also known as Rick's World Of Illusion / Dr. H and

Address:

City:

State:

Zip:

Day Phone:

Cell Phone:

Fax:

**Services:** Performer will perform the services described below:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

**PAYMENT:** As fee for the services described,  
agrees to pay Beyond Your Imagination, Inc. a total sum of \$

## AUTHORIZED FEES AND EXPENSES:

Per Show: \$ # of Shows: = Total cost of shows: \$

Mileage: \$ Lodging: \$ Meals: \$

Airfare: \$ (Taxi Fee): \$

Describe other method of payment, if applicable, and include any expenses that will  
be paid directly by Beyond Your Imagination, Inc.

**How payment should be made:** It is understood that the undersigned will make  
final payment in full to Beyond Your Imagination, Inc. upon the performers arrival. A  
50% nonrefundable retainer will be provided by hiring party with contract in order to  
secure said performance(s) and show date(s). If for some reason the performer is  
not able to fulfill this agreement, because of his own doings, then a full refund of the  
said retainer will be refunded. **Cancellations:** Must be agreed by both parties with a  
minimum of 30 days written notice sent by registered US mail.

**Additional Invoice(s) req'd:** yes no

Additional Comments:

**Contract Dates:** Beginning \_\_\_\_\_ Ending \_\_\_\_\_

**Beyond Your Imagination, Inc.:**

Prepared by: Approved:

Dr. Rick Honea - Beyond Your Imagination, Inc. / Rick's World Of Illuion

X \_\_\_\_\_ Date: \_\_\_\_\_

**Contractor:**

X \_\_\_\_\_ Date: \_\_\_\_\_

(Print name here: \_\_\_\_\_ ) Contact phone number: \_\_\_\_\_

(Signature/Date Director of Purchasing or Authorized Representative)