Entertainment: Agreement 3121 S Robertson Ave, Tyler Texas 75701 903-288-2020 Cell drhonea@gmail.com

•	lac ana chicelea meo emo ady o	f betwee	
	& Dr.	& Dr. Rickey Honea.	
Address:	Chaba	7:	
City:	State:	Zip: Fax:	
Day Phone		Fax	
Services: Performer	will perform the services descri	ibed below:	
Theme of your event: _			
AUTHORIZED FEES		- 1'	
		nning Ending # of Shows:	
Price Per Show: \$		_ # of Shows:	
Additional Fees: **	s: \$		
		Mooley f	
Airforo: ¢	Louging. \$	Meals: \$ Other \$	
Alfare: \$	(Taxi Fee): \$	Outer \$	
PAYMENT:	agrees	to pay Beyond Your	
Imagination a total	sum of \$	_ per this contract.	
final payment in full to 50% nonrefundable re secure said performant not able to fulfill this said retainer will be re minimum of 30 days	o Beyond Your Imagination etainer will be provided by the nce(s) and show date(s). If for agreement, because of his own efunded. Cancellations: Must written notice sent by registere	some reason the performer is doings, then a full refund of th be agreed by both parties with	
Performer: Dr. Rickey Honea (Dr		Date:	
Performer: Dr. Rickey Honea (Dr X Contractor:	с Н)		
Performer: Dr. Rickey Honea (Dr X Contractor:	с Н)		
Performer: Dr. Rickey Honea (Dr X Contractor: X (Print name here:	с Н)	Date:)	