

**Performance Confirmation #**

**Artist:** Joanna Maddox  
P.O. Box 471  
Mableton GA 30106-9998

**Actress/Singer/Storyteller**  
678-522-5915 Fax 770-431-1864  
Joanna@JoannaMaddox.com  
www.joannamaddox.com

**Program Site:**

**Principal:**  
**Phone:**  
**Fax:**

**Date of Contracted Performance:**  
**Start time:**  
**Location:**  
**Number of Students:**  
**Contact Person:**  
**Phone:**  
**E-mail**

**Description of Performance:**

**Payment Information:** Payment in the amount of \$ is due after the performance or within 30 days following the performance. Please make check payable to J Maddox Inc.

**Cancellation Policy:** If the Artist must cancel due to illness, weather, or other unforeseen circumstances, every effort will be made to reschedule. If the Artist cancels the booking less than 30 days before the scheduled date, the Artist will forfeit payment for services. If the Buyer cancels the booking less than 30 days before the scheduled date, the Artist will be paid the agreed upon fee.

In case of inclement weather, power failure or other “Acts of God” which may prevent the execution of a scheduled booking, the Artist must be contacted by 7 am the morning of the performance and efforts will be made to reschedule; however in the event that no alternative date can be found, the Artist will receive one half of agreed upon fee.

**Video and audio recordings of the performance is not permitted.**

**Technical requirements:** Stage is preferred if available or clean, cleared area 15’ x 12’, and room temperature bottled water.

**Please return a signed copy of contract via fax, email, or snail mail to confirm booking. I am looking forward to a positive educational experience with your students.**

**We, the undersigned, agree to abide by the terms described above.**

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Joanna Maddox*

(Artist)

**Date:**

**By:** Joanna Maddox

**Title:** Actress/Singer/Storyteller