

| TO: | FROM: Bob Wilson - Bob Wilson Productions |
|-----------------------|---|
| | 8935 County Road 101 North |
| | Hamel, MN 55340 |
| | Mobile: 763-350-3586 |
| | Fax: 763-559-6293 |
| | www.bobwilsonproductions.com |
| | bobwilsonproductions@gmail.com |
| | R AGREEMENT THAT I WILL PROVIDE MY ERVICES ON AND AT THE FOLLOWING: |
| EVENT NAME: | |
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| | |
| | |
| DIRECTIONS: | |
| NOTES OF INTEREST: | |
| | |
| FINANCIAL AGREEMENT: | |
| | |
| | PLEASE SIGN AND FAX BACK |
| I agree to the above: | BOB WILSON PRODUCTIONS / 8935 County Road 101 North, Hamel, MN 5534 Mobile: 763-350-3586 / Fax: 763-559-6293 www.bobwilsonproductions.com / bobwilsonproductions@gmail.com |
| Client | CANCELLATION POLICY In the event of agreement cancellation, you, the organization, are liable to Bo Wilson Productions. The sum is equal to the calculated schedule written below 121 Days - 180 Days: 50% of the Total Contracted Rate 61 Days - 120 Days: 65% of the Total Contracted Rate 15 Days - 60 Days: 75% of the Total Contracted Rate |
| Pah Wilson | 0 Days - 14 Days: 100% of the Total Contracted Rate |

Bob Wilson