

*San Antonio, FL 33576*  
(352) 250-2598

Purchaser

**William Florian**  
428 Childers St # 24181, Pensacola, FL 32534

**Engagement Agreement**

To: Camp, Florida, Lake Placid, Florida

Contract date: January 9, 2024

Advertise show name as:

***The Neil Diamond Story***

Starring

***William Florian***

Former member of the famous 60s group

***The New Christy Minstrels.***

Time: 7PM

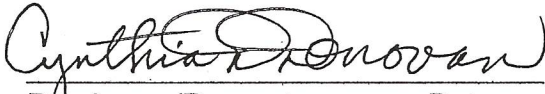
Place: Camp, Florida, Lake Placid, Florida

Date: Saturday March 22, 2025

Contact Person: Nancy, Johnson

Phone number: (217) 821-2531

Contract Price: \$2,000. To be paid to William Florian before 7pm March 22, 2025

  
\_\_\_\_\_  
Purchaser/Presenter

Date

2/19/2024

\_\_\_\_\_  
Artist

\_\_\_\_\_  
Date

**ENTERTAINMENT DESIGNERS' NETWORK, LLC**

Entertainment Designers Network P.O. Box 730  
dburchill43@gmail.com

**PERFORMANCE AGREEMENT**

San Antonio, FL 33576  
(352) 250-2598

THIS PERFORMANCE AGREEMENT is made this 20<sup>th</sup> day of JUNE, 2023 by and between Entertainment Designers Network hereinafter called the PROVIDER and CAMP FLORIDA POA hereinafter called the PURCHASER. This Agreement for Provider's personal services on this engagement described below shall consist of all provisions in this Agreement, and any attachments. This agreement shall be executed by Purchaser and returned within 10 business days. If Provider has not received the Agreement as described above, the Provider shall at anytime thereafter have the option to terminate the agreement and negotiate with another Purchaser.

NOTE: 2025 DATE

Artist/Act: **GEORGE CASEY SHOW**  
Contact Person: **GEORGE CASEY**

Contact Number: (417) 294-7768

**Purchaser's Contact Information**

Contact Person's Name: **NANCY JOHNSON**

COMMUNITY Name: **CAMP FLORIDA POA**

Address: **231 SHORELINE DRIVE**

City, State, ZIP: **LAKE PLACID, FL 33852**

Day Phone: **(217) 821-2531**

ALTERNATE Phone:

**Place of Engagement:** **CLUBHOUSE**

**Type of Engagement:** **COMEDY SHOW**

Venue Name: **CAMP FLORIDA POA**

Address: **231 SHORELINE DRIVE**

City, State, ZIP: **LAKE PLACID, FL 33852**

Directions: **(ABOVE ADDRESS FOR GPS)**

Open to the Public? **NO**

**Performance Details** Day: **SATURDAY**

Date: **JANUARY 11<sup>TH</sup>, 2025**

Performance Time: **7:00 PM (90 MINUTE SHOW W/INTERMISSION)**

**ENTERTAINER TO PROVIDE SOUND**

Load In Time: **TBA**

Sound Check Time: **TBA**

Doors Open to Guests? **TBA**

**Special Provisions/Instructions:** **ENTERTAINER(S) TO CALL NANCY 7-10 DAYS PRIOR TO SHOW TO FINALIZE LOAD IN AND SOUND CHECK DETAILS.**

**Compensation Information:**

**\$200** deposit payable to **Entertainment Designers Network** with signed contract. (P.O. Box 730 San Antonio, FL 33576)

FEE in the amount of **\$1500** payable to **GEORGE CASEY** to be paid AT ENGAGEMENT on **1/11/25**.

**Conditions:**

It is understood by all parties to this Agreement that the Artist/Act is an independent contractor and not an employee of either the Purchaser or Provider. The Artist/Act will be solely responsible for the carrying of Workman's Compensation Insurance and the withholding and payment of all taxes. Provider shall not be liable for any nonperformance of this Agreement by either Purchaser or the Artist/Act. Artist/Act shall hold Purchaser harmless and indemnify Purchaser against any claims, loss, liability, and expense on account of any injury, sickness or death of persons (including but not limited to, members and employees of the Artist/Act) or damage to property (including but not limited to, property belonging to the Artist/Act, its employees and members) arising out of the services performed under this Agreement, excluding claims resulting from the sole negligence of the Purchaser. This Agreement is subject to sickness, accidents, riots, strikes, or acts of God or any conditions beyond the control of Purchaser, Artist/Act, Provider (EDN), or Dudley Burchill.

ARTIST/ENTERTAINER AND PURCHASER in signing this agreement confirm that all return engagements, or engagements arising out of this performance, will be booked through ENTERTAINMENT DESIGNERS' NETWORK.

Return signed agreement to **Entertainment Designers Network**.

Date: **JUNE 20<sup>TH</sup>, 2023**

Provider:

Artist/Act: \_\_\_\_\_

Purchaser:

*Dudley Burchill*  
*Cynthia Johnson*

*pd 1/3/2*  
*✓ # 5022*  
*\$200*

*✓ # 5066*  
*1/8/25*

# PERFORMANCE AGREEMENT

(1) This is an Agreement between The Alans Live LLC ( Jason and Stacy Alan), and

**Name:** Nancy Johnson ("Client")

**Company:** Camp Florida

**Telephone:** 217-821-2531

**Email:** johnsonden.nan@gmail.com

(2) The Alans will provide Client with services at the following date, time, and location ("Event"):

**Date & Time:** Saturday, January 25, 2025 7:00 PM

**Venue:** Camp Florida

297 Shoreline Drive, Lake Placid, FL 33852

(3) At the above Event, The Alans will provide the following services:  
The Alans Magic and Mentalism Show

Total: \$2,100.00

(4) Client agrees to pay The Alans a total of \$2,100.00 A non-refundable deposit of \$420.00 is due within 21 days of esignature and the balance is due on January 25.

**Please make all checks payable to:**

**"The Alans Live LLC"**

553 North Avenue  
Tallmadge, OH 44278

pd 1/13  
# 5028

(5) This Agreement is subject to the Terms and Conditions on the following page.

## TERMS & CONDITIONS

### TERM

The Agreement shall be effective upon receipt by The Alans of any deposit and/or signed copy of this Agreement. This Agreement shall remain in effect through the completion of the services.

### VENUE CONDITIONS

Client agrees to provide The Alans a safe and appropriate working environment and adult supervision of minors. Client further agrees that if Client or Client's guests damage, abuse, or remove The Alans property during or from Event, Client will repair or replace the property.

### LIMITATION OF LIABILITY

Client acknowledges that there are risks and dangers inherent with the contracted-for entertainment, and with the props and products necessary for that entertainment. Client assumes the liability for all such risks and agrees to indemnify, defend and hold harmless The Alans and all The Alans artists from and against any and all accidents, claims, judgments, costs or liability for damage, injury to any person or property during the Event, including time of set up and take down, by guests or staff. Liability of The Alans shall not exceed the total value of this Agreement.

### FORCE MAJEURE/SUBSTITUTION

Neither The Alans nor Client will incur liability to each other for failing to perform any obligation under this Agreement if such failure results from a force majeure or any force beyond their reasonable control. In the event of incapacitating illness, injury, or emergency to the agreed upon The Alans Entertainer/Artist, The Alans shall substitute an Entertainer/Artist of equal or greater skill at no additional cost to Client. If no replacement can be found, The Alans and Client will be discharged of all obligations under this Agreement and all deposits returned.

### The Alans ARTISTS/ENTERTAINERS

Client agrees to contact and/or book The Alans Entertainers/Artists exclusively through The Alans. The Alans warrants that its Entertainers/Artists will perform all services in a professional manner consistent with the standards of their industries.

**GENERAL**

This Agreement shall be governed by, venued in, and construed in accordance with the laws of the State of OH. This Agreement constitutes the entire agreement between the The Alans and Client and supersedes any prior written or oral communications. If any portion of this Agreement is deemed invalid, the remainder of the Agreement will remain in full force and effect. However, Client may authorize overtime and additional fees and expenses orally at or before the Event.

**EMPLOYMENT AND ADDITIONAL SERVICES**

Client agrees that The Alans entertainers/artists are independent contractors and not an employees of Client. Overtime will be billed at the same hourly rate listed in the agreement above. If no rate can be determined from the fee, overtime will be billed at \$200.00 per hour.

**CANCELLATION POLICY**

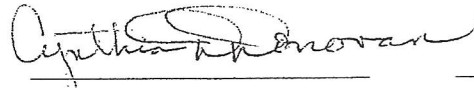
Deposits are nonrefundable. If Client cancels forty-eight hours or less prior to Event, or if Entertainment Services are rendered impossible by Client or Venue Conditions, Client must pay The Alans the full amount due.

As agreed \_\_\_\_\_

Click to Esign Click Here to Read and Sign the Document

\_\_\_\_\_  
Jason Alan Greenamyre

Thursday January 11, 2024  
Date

  
\_\_\_\_\_  
Dennis & Nancy Johnson

1/13/2024  
Date  
Thursday  
January 11,  
2024

From: Robert Garcia wenlock1@hotmail.com  
Subject: Re: "PERFORMANCE CONTRACT The Storytellers" Filled out Contract  
Date: February 6, 2024 at 11:32 AM  
To: Dennis Johnson johnsonden.nan@gmail.com

Let's try this. I just "cut n paste" the contract.

### CAMP FLORIDA POA PERFORMANCE CONTRACT

Name of Performer(s): The Storytellers

Address of Performer(s): 22129 Bronxville Ave\_

City, State and Zip Code: Port Charlotte, Fl,

Telephone: 718-404-4957

Email Address: Wenlock1@hotmail.com

Name of Hiring Company: Camp Florida POA (Property Owners Association, Inc.)

Address of Hiring Company: 231 Shoreline Drive, Lake Placid, FL 33852

Telephone Number of Hiring Company: (863) 699-4063

Name of Entertainment Chair: Nancy Johnson

Email of Entertainment Chair: johnsonden.nan@gmail.com

Telephone Number of Entertainment Chair: (217) 821-2531

Location of Performance: 231 Shoreline Drive, Lake Placid, FL 33852

Date of Performance: February 8, 2025 Number of Performing Artists: 2

Time of Performance: Starting: 7:00 p.m. Ending: 9:p.m.

Type of Performance: Acoustic versions of classic rock songs

Agreed Upon Fee: \$600.00 Check Payable To: Paul Crotty

Hiring Representative: Cynthia Johnson Date: 2/9/2024

Performing Representative: Robert Garcia Date: Jan 20, 2024

Cancellation: **PURCHASER** must give notice of intent to cancel event at least 48 hours prior to the Event Start Time. Should the **PERFORMER(S)** cancel their performance show due to death, injury or illness, they will reschedule their performance or refund any payments received to **PURCHASER** within 14 days of cancellation.

Liability: **PERFORMER(S)** will maintain a current general liability insurance policy covering it's operations and events. **PURCHASER** agrees they are responsible and liable for the results or damage caused by them, the **PURCHASER'S** guests and/or **PURCHASER'S** agents to persons or property while setting up, during and leaving the event.

Sent from my iPad

### Performance Agreement

1. Agreement made this 27th day of January, 2024. between Allengang Entertainment LLC.(hereinafter referred to as Promoter) and Camp Florida POA (hereinafter referred to as Purchaser).
2. Date of Engagement – Saturday February 22<sup>nd</sup> 2025  
Location – 230 Shoreline Drive, Lake Placid, FL 33852  
Show to be – Jim Carter Magical Boomer Tour (Solo)  
Length – 2- 45-50 min sets for a 2 hour show with Intermission.  
Number of Shows – One show  
Time – 7pm
3. Contract Price – \$1750.00  
To be paid day of engagement in Full  
Payment made to Allengang Entertainment
4. Promoter to provide
  - a. Jim Carter Magical Boomer Show
  - b. Jim will provide Sound for the show.
5. The Purchaser is to provide:
  - a. Direct access to the stage for unloading and loading.
  - b. Load in time 3pm
  - c. Power for stage and sound equipment
  - d. Dinner for 2 and bottled water.
6. We acknowledge and confirm that we have read and approved the terms and Conditions set forth in this contract.

Purchaser's Signature

Purchaser's Name



CYNTHIA D. DONOVAN (Print Name)  
Camp Florida POA

Telephone (217) 821-2531

Allengang Entertainment Signature

Promoter's Name

Allengang Entertainment LLC.  
1049 Chesterfield Circle  
Winter Springs, FL 32708

Telephone 407-252-3536

*pd ✓ # 5080  
2/20/25*