



WHSAA/WMEA  
CONDUCTOR FOR DISTRICT CLINIC  
CONTRACT



The \_\_\_\_\_ District of the Wyoming Music Educators Association agrees to pay the fee of Five Hundred (\$500.00) dollars per day (eight hours) plus expenses: lodging (single rate); meals - \$35.00/day maximum; and mileage (WHSAA rate) or economy airfare for his/her services as an ensemble **CONDUCTOR** for District Music Clinic.

Ensemble Name \_\_\_\_\_

Ensemble Size \_\_\_\_\_

Voicing/Instrumentation \_\_\_\_\_

Clinic Dates: \_\_\_\_\_

\_\_\_\_\_

Clinic Site: \_\_\_\_\_ School Name

\_\_\_\_\_ Address

\_\_\_\_\_ City, State, Zip

The signatures below signify that both parties agree to all of the terms of the agreement listed above.

\_\_\_\_\_ Host Chair Name

\_\_\_\_\_ Clinician

\_\_\_\_\_ Address

\_\_\_\_\_ City, State, Zip

\_\_\_\_\_  
Host Chair Signature

\_\_\_\_\_  
Clinician Signature

**NOTE: a current W9 must accompany this contract.**