



WHSAA/WMEA

# CONDUCTOR FOR STATE STRING CLINIC CONTRACT



The \_\_\_\_\_ host site at \_\_\_\_\_  
(City) (School)

agrees to pay the fee of Three Hundred Fifty (\$350.00) 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 State String Clinic.

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

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

Instrumentation \_\_\_\_\_

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

\_\_\_\_\_

Clinic Site: \_\_\_\_\_ Host Chair Name

\_\_\_\_\_ School Name

\_\_\_\_\_ Address

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

Clinician: \_\_\_\_\_ Clinician

\_\_\_\_\_ Address

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

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

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

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

*Make three copies and distribute: Copy 1 - Host Site Chair Copy 2 - Clinician Copy 3 - WHSAA Office*