



WHSAA/WMEA
**DISTRICT CLINIC ACCOMPANIST
 CONTRACT**



The _____ District of the Wyoming Music Educators Association agrees to pay the fee of Two Hundred (\$250.00) dollars per day (eight hours) plus expenses: lodging (single rate); meals - \$35.00/day maximum; and mileage (WHSAA rate) for his/her service as a District Clinic **ACCOMPANIST**.

Mixed Choir _____

Women's Choir _____

Other (specify) _____

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
 _____ Accompanist
 _____ Address
 _____ City, State, Zip

 Host Chair Signature

 Accompanist Signature