



WHSAA/WMEA

CONDUCTOR FOR DISTRICT CLINIC CONTRACT



The _____ District of the Wyoming Music Educators Association agrees to pay the fee of Three Hundred Fifty (\$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.