



WHSAA/WMEA

CONDUCTOR FOR STATE STRING CLINIC CONTRACT



The _____ host site at _____
(City) (School)

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 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