

ULSTER COUNTY MUSIC EDUCATOR'S ASSOCIATION

Guest Clinician Name _____ Date Contract Tendered _____

The Ulster County Music Educator's Association would like to welcome you to our "Young Elementary Music Symposium" (YEMS) as our clinician for _____.

Clinic Session

We are pleased that you have decided to accept our invitation and hope that your experience with YEMS will be a satisfying one for you.

Your session will be held from _____ until _____ on _____ at _____.
Time Time Date Location

Snow date will be held from _____ until _____ on _____ at _____.
Time Time Date Location

The Final Presentation with student participants will be held at _____ on that date.
Time

For your services, you will be paid an Honorarium of \$400 plus up to \$150 in travel expenses. We ask that you supply us with receipts where applicable. In addition, we ask that you abide by the following procedures:

1. In case of your inability to meet this commitment, please provide us with 30 days notice. This notice will be waived in the event of personal illness.
2. Arrive at least one hour before your session is scheduled to begin.
3. Provide your group's chairperson with a list of any specific needs required for performance.

Signature of Clinician Date Signature of Chairperson Date

Address of Clinician _____

Phone Number _____

E-mail address _____

Chairperson's Home Telephone _____ Work Telephone _____

Chairperson's Email address _____