

Arkansas School Band and Orchestra Association



**CONTRACT for REGION CLINICIANS AND
ASSESSMENT JUDGES - CONCERT and MARCHING**

I agree to serve in the capacity indicated below and on the date/s specified, and according to the provisions of ASBOA Rules and Regulations.* I also agree to be my own independent contractor for this event.

Name _____ WK PH _____ HM PH _____

Address _____ City _____ State ____ Zip _____

FAX _____ Email _____

Social Security # _____ - _____ - _____ Signature _____

*The ASBOA Region or State Office will pay for professional services as follows:

Honorarium: \$135.00 per day

Mileage: \$.33 per mile, or coach air travel, with the agreement of the Region Chair

Meals: \$15.00 per day as indicated on the voucher.

Hotel/Motel: ROOM ONLY will be paid by the Region Secretary.

ASBOA will not be responsible for long distance calls or any other special services charged to a room by judges or clinicians.

EVENT: _____ Marching Contest _____ Concert Contest

All-Region Clinic - _____ Junior High _____ Senior High

To be held at _____ Host _____

Mailing Address _____ City _____ AR Zip _____

WK PH _____ HM PH _____

FAX _____ Email _____

Return this form at once to the address indicated below.