

*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 \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Signature \_\_\_\_\_

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

Honorarium: \$175.00 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 \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

Return this form at once to the address indicated below.