

# Arkansas School Band and Orchestra Association



## CONTRACT for REGION CLINICIANS

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 -	Cell -	
Address -	City -	State -	Zip -
Email -	Social Security -		
Typed Signature -			

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

Honorarium: \$250.00 per day

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

Meals: \$8.00/Breakfast, \$10/Lunch, \$15.00/Dinner 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 -	Date -
To be held at -	Host -
Mailing Address -	
Work PH -	Cell PH -
Email -	

Return this form at once to the address indicated below.