

**Southwest Washington Music Educators Association**

a division of the Washington Music Educators Association

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Judges Name

Street Address

City, STATE ZIP

Dear \_\_\_\_\_\_\_\_\_\_,

Thank you for agreeing to adjudicate the Southwest \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ festival to be held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Your day will start at approximately \_\_\_\_\_\_\_ A.M., and finish approximately \_\_\_\_\_\_\_P.M. You will receive a stipend of \_\_\_\_\_\_\_\_\_\_\_\_ paid to you on the day of the event. In addition, you will be reimbursed for mileage, calculated round trip from your home address. Lunch will be provided on site. Reimbursement of any additional expenses must be approved prior to the event.

You and Southwest Washington Music Educators Association (SWWMEA) are in agreement that you are an independent contractor. As such, you are responsible for payment of all taxes associated with the fee paid by SWWMEA, and you are not eligible for unemployment compensation related to providing these services.

Included with this mailing are a sample adjudication form, and driving directions to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Please read the adjudication form very carefully and contact me should you have any questions.

Please correct any personal contact information that might be incorrect. Sign below, make a copy of this letter for yourself, and return this form to me as soon as possible. Mail to:

Your name

Street Address

City, State, ZIP

I can be reached at [e-mail address] or at [phone number].

Thank you once again for agreeing to spend your day with us. We look forward to seeing you on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Sincerely

Contest chair

I agree to adjudicate the Southwest region solo and ensemble contest at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ under the terms described above.

Adjudicator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_