

**Southwest Washington Music Educators Association**

a division of the Washington Music Educators Association

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

Street Address

City, State, Zip

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

Thank you for agreeing to record the Southwest \_\_\_\_\_\_\_\_\_\_\_\_\_\_ festival to be held on \_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,(city)\_\_\_\_\_\_\_\_\_,Washington. Your day will start at approximately 7:15 A.M., and finish approximately 3:40 P.M. You will receive a stipend of \_\_\_\_\_\_\_\_\_\_\_paid to you at the end of the day’s 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 contract are driving directions and any other pertinent information about recording our groups.

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:

Name

Address

City, State, Zip

I can be reached at (e-mail)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or (phone)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Sincerely

Contest Chair Name

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I agree to record the Southwest \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ festival at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (city)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Washington on (date) \_\_\_\_\_\_\_\_\_\_\_\_ under the terms described above.

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