



ORANGE COUNTY MUSIC EDUCATORS' ASSOCIATION

Nurse's Contract

FESTIVAL INFORMATION

Ensemble: _____

Date: _____

Snow Date: _____

Location: _____

Rehearsal Schedule (Dates and Times)

Friday: _____

Saturday: _____

I agree to provide nursing services to the Orange County Music Educators Association for the event and dates indicated above. I understand that the compensation is \$35.00 per hour. I understand that an OCMEA officer will provide me with a list of participants and medical forms.

The terms of this agreement are understood, and I agree to conform to them.

NAME OF NURSE: (PLEASE PRINT) _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: (SCHOOL/BUSINESS) _____

PHONE: (HOME) _____ PHONE: (CELL) _____

SIGNATURE OF NURSE: _____ DATE: _____

PLEASE KEEP ONE COPY OF THIS CONTRACT; RETURN ONE COPY TO THE SITE CHAIRPERSON, AND ONE TO THE TREASURER AT THE ADDRESSES BELOW:

Hours Contracted: _____ x \$35 = _____

Chairperson:

phones: (s) _____
(h) _____
cell: _____

OCMEA Treasurer
Laura Giorgio
Washingtonville Middle School
PO Box 7
Washingtonville, NY 10992

Nurse Copy

Treasurer Copy

Chairperson Copy