



ORANGE COUNTY MUSIC EDUCATORS' ASSOCIATION

Conductor's Contract

FESTIVAL INFORMATION
Ensemble: _____
Date: _____
Snow Date: _____
Location: _____
Rehearsal Schedule (Dates and Times)
Friday: _____
Saturday: _____

I agree to conduct the Orange County All-County performing ensemble as indicated above. I understand that the honorarium will be \$500.00, with mileage and lodging paid by O.C.M.E.A. Please notify chairperson of lodging needs.

I also agree to the following:

- 1. I will provide the ensemble chairperson with the suggested program by _____. O.C.M.E.A. will purchase only 1 new piece. Remaining selections may be chosen from the O.C.M.E.A., BOCES, NYSSMA, or participating school library. If I fail to do so, the chairperson and the committee will choose all the music for the program. See the informational packet provided by the Ensemble Chairperson.
2. I will provide the following information to ensemble chairperson.
a. Performance notes and ideal instrumentation by 2 weeks before the audition _____. (date).
b. Seating Chart by 2 weeks before the festival _____. (date).
c. Meal requests and complimentary ticket requests 1 week before the festival _____. (date).
d. Requests after that date cannot be guaranteed by O.C.M.E.A.
3. I will choose music appropriate to the ensemble makeup as listed separately under O.C.M.E.A. guidelines. Music selected will total 20 playing minutes, and will include at least: one classical selection, one contemporary selection and one audience appeal selection.
4. I will send the ensemble chairperson a one paragraph biography with head shot with this completed contract.

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

NAME OF CONDUCTOR: (PLEASE PRINT) _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: (SCHOOL/BUSINESS) _____
PHONE: (HOME) _____ PHONE: (CELL) _____
SIGNATURE OF CONDUCTOR: _____ DATE: _____

Please keep one copy of this contract; return one copy to the ensemble chairperson; and one to the treasurer at the addresses below:

Chairperson:

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

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

Conductor Copy

Treasurer Copy

Chairperson Copy