



ORANGE COUNTY MUSIC EDUCATORS' ASSOCIATION

Accompanist's Contract

FESTIVAL INFORMATION

Ensemble: _____

Date: _____

Snow Date: _____

Location: _____

Rehearsal Schedule (Dates and Times)

Friday: _____

Saturday: _____

I agree to accompany the Orange County All-County performing ensemble as indicated above. Compensation for each ensemble listed below.

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

NAME OF ACCOMPANIST: (PLEASE PRINT) _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: (SCHOOL/BUSINESS) _____

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

SIGNATURE OF ACCOMPANIST: _____ DATE: _____

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

Elementary Chorus: \$225

Junior High and Vocal Jazz Chorus: \$300

High School Chorus: \$350 (Circle one)

Chairperson:

phones: (s) _____

(h) _____

cell: _____

OCMEA Treasurer

Laura Giorgio

Washingtonville Middle School

PO Box 7

Washingtonville, NY 10992

Accompanist Copy

Treasurer Copy

Chairperson Copy