



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. I understand that the honorarium will be \$200.00

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:

Chairperson:

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

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

Accompanist Copy

Treasurer Copy

Chairperson Copy