

Idaho High School Music Festival
CLINICIAN OFFICIAL CONTRACT

_____, Idaho
 _____ 20__



Dear _____:

The _____ will be held at (location) _____
 on (date) _____. We are inviting you to be a clinician for one or more sessions.

We will need you for the following sessions:

(session)	(date)	(time)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Clinician fees are: 1/2 day.....\$125.00
 1 day (8 hours).....\$225.00
 1 day (including evening)...\$350.00

The current commercial rate for lodging will be allowed (_____). Meal expense will be the same as allowed by IHSAA (_____). Travel expenses will be paid at the current coach airfare or IHSAA mileage rate (_____) whichever is less. Verification of lodging and travel expenses incurred must be submitted to the Clinic Chairperson. Clinicians arriving by car from the same area are asked to travel together.

Detailed instructions for clinicians will be sent to you at a later date.

Please return this form no later than (date) _____ to:

 (Clinic Chairperson) _____ (Address) _____ (City, State, Zip)

I agree to serve as a clinician at the times specified.

(Signature) _____

Sorry I cannot accept _____.