



WHSAA/WMEA

CONDUCTOR FOR DISTRICT CLINIC  
CONTRACT



The Campbell Co. School District of the Wyoming Music Educators Association agrees to pay the fee of Three Hundred Fifty (\$350.00) dollars per day (eight hours) plus expenses: lodging (single rate); meals - \$35.00/day maximum; and mileage (WHSAA rate) or economy airfare for his/her services as an ensemble **CONDUCTOR** for District Music Clinic.

Ensemble Name C Orchestra

Ensemble Size 100

Voicing/Instrumentation String Orchestra

Clinic Dates: October 29, 2018  
October 30, 2018

Clinic Site: Thunder Basin High School School Name  
4001 Saunders Blvd Address  
Gillette WY 82718 City, State, Zip

The signatures below signify that both parties agree to all of the terms of the agreement listed above.

Kellen Edwards Host Chair Name

Jim Mothersbaugh Clinician

6527 S. RIDGECREST DRIVE Address

CASPER WY 82601 City, State, Zip

Kellen Edwards

Host Chair Signature

James Mothersbaugh Jr

Clinician Signature

NOTE: a current W9 must accompany this contract.



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Ensemble Name B Orchestra

Ensemble Size 100-120

Voicing/Instrumentation String Orchestra

Clinic Dates: October 29, 2018  
October 30, 2018

Clinic Site: Thunder Basin High School School Name  
4001 Saunders Blvd. Address  
Gillette, WY 82718 City, State, Zip

The signatures below signify that both parties agree to all of the terms of the agreement listed above.

Kelleen Edwards Host Chair Name  
Rebecca Murdock Clinician  
1425 Buena Vista Address  
Lander, WY 82520 City, State, Zip

Kelleen Edwards  
Host Chair Signature

Rebecca Murdock  
Clinician Signature

NOTE: a current W9 must accompany this contract.

Make three copies and distribute: Copy 1 - WHSAA Office Copy 2 - Host Site Chair Copy 3 - Clinician



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# CONDUCTOR FOR DISTRICT CLINIC CONTRACT



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Ensemble Name A Orchestra

Ensemble Size \_\_\_\_\_

Voicing/Instrumentation string orchestra

Clinic Dates: October 29, 2018  
October 30, 2018

Clinic Site: Thunder Basin High School School Name  
4001 Saunders Blvd. Address  
Gillette, WY 82718 City, State, Zip

The signatures below signify that both parties agree to all of the terms of the agreement listed above.

Kelleen Edwards Host Chair Name  
Dr. Laura Schumann Clinician  
2388 East Pike Address  
Zanesville, OH 43701 City, State, Zip

Kelleen Edwards  
Host Chair Signature

Laura Schumann  
Clinician Signature

NOTE: a current W9 must accompany this contract.

Make three copies and distribute: Copy 1 - WHSAA Office Copy 2 - Host Site Chair Copy 3 - Clinician