

## PMEA Music Performance Assessment ADJUDICATOR CONTRACT

## (Large Ensemble MPAs)

The host has provided this document to confirm the agreement for you to serve as an adjudicator for a PMEA Music Performance Assessment. Please complete and scan/email or mail this form to the host no later than 30 days before the MPA. Keep a copy for your records.

| NAME:                       |                              |           |           |                 |  |  |  |  |
|-----------------------------|------------------------------|-----------|-----------|-----------------|--|--|--|--|
| MPA SITE:                   |                              | MPA DATE: |           |                 |  |  |  |  |
| LARGE ENSEMBLE MPA CONTEXT: |                              |           |           |                 |  |  |  |  |
| Band/Orchestra              | Band/Orchestra Sight-reading | Chorus    | Jazz Ens. | Percussion Ens. |  |  |  |  |

## **STIPEND INFORMATION:**

The exact stipend may not be known when contracted due to the host having not yet confirmed how many ensembles will be participating. It is the responsibility of the host to inform the adjudicator concerning the final schedule, number of ensembles and stipend as soon as confirmed prior to the date of the MPA.

Updated July 2023: Each adjudicator will be paid \$35 per ensemble adjudicated. Adjudicators may be eligible for travel reimbursement based on the number of miles traveled one-way to the MPA site as follows:

50-99 miles one way = \$25 100-149 miles one way = \$50 150+ one way = \$75 No reimbursement for traveling less than 50 miles one way

Other expenses (lodging, etc.) must be pre-approved by the MPA Coordinator and documented with receipts to be authorized for reimbursement. PMEA will process and mail payments to the adjudicators within two weeks of receiving the Host Report.

## **CONTACT INFORMATION**

For contact by the host, the PMEA Adjudicator database, and to mail the stipend.

| Preferred Contact | Phone:                            |       |     |      |
|-------------------|-----------------------------------|-------|-----|------|
| Preferred Contact | Email:                            |       |     |      |
| School/Organizat  | ion:<br>te Retired, if applicable |       |     |      |
| Home Address:     |                                   |       |     |      |
| To mail stipend   |                                   | -     |     |      |
| -                 | City                              | State | Zip |      |
|                   |                                   |       |     | <br> |

I agree to serve as an Adjudicator for the PMEA MPA as detailed above.

Signature