

Dear Festival Host,

Thank you for volunteering to organize an LCRMEA Event! Below you will find a general checklist of responsibilities as well as financial reporting and reimbursement documents. As you begin planning your event, remember that your budget is based on participation and associated fees. Festival registrations are open until December 15th, after which you should receive a report from Katie Matsuura outlining who has registered and what your budget will be. Please encourage your colleagues to register early!

In securing clinicians for your event, please use the editable contract letter found on the last page of this document. Once your clinician has confirmed participation, please send their contact information (name and email) to lcrmeatreasurer@gmail.com so that we can get them setup in our system for payment.

LCRMEA Clinician/Adjudicator Payment Guide	
Whole Day (7 Hours)	\$300
Half Day (3 Hours)	\$150
Per Hour (3 or Less Hours)	\$30
Per Hour Overtime	\$30
Honor Ensemble Clinician	~\$500 per day

LCRMEA Festival Host Checklist

- Recruit adjudicators/clinicians
- Receive festival participation information from treasurer to confirm who has been invoiced (large group festivals)
- Manage and set your budget (based on participation fees)
- Submit clinician contact information (email) to treasurer AT LEAST 2 weeks prior to event
- Submit information for invoicing (honor groups)
- Request early reimbursement for purchases over \$200 (optional)
- Collect contracts, reimbursement forms
- Collect invoices for services or vendors (Michelle's Pianos, T-shirts, JWPepper)
- Communicate payment method to treasurer for clinicians at least one week prior to event (will you pick up or do you want checks mailed?)
- Complete host packet (of documents below) and submit to treasurer for reporting and payment

Questions? Email us @ lcrmeatreasurer@gmail.com

Kim Claassen: Outgoing Money (checks/reimbursements)

Katie Matsuura: Incoming Money (invoicing/payments)

LCRMEA EVENT INCOME REPORT

Event _____

Date(s) _____ Host _____

PARTICIPATING SCHOOLS

MIDDLE SCHOOLS		HIGH SCHOOLS	
School	# Entries	School	# Entries
Alki Middle School		Camas High School	
Cascade Middle School		Columbia River High School	
Discovery Middle School		Evergreen High School	
Frontier Middle School		Fort Vancouver High School	
Gaiser Middle School		HeLa High School	
Jason Lee Middle School		Heritage High School	
Jemtegaard Middle School		Hudson's Bay High School	
La Center Middle School		La Center High School	
Liberty Middle School		Mountain View High School	
McLoughlin Middle School		Prairie High School	
Pacific Middle School		Ridgefield High School	
Shahala Middle School		Skyview High School	
Thomas Jefferson Middle School		Union High School	
View Ridge Middle School		VSAA	
Wy'East Middle School		Washougal High School	
		TOTAL ENTRIES	

FEE TYPE	FEE	AMOUNT	TOTAL
High School Ensembles	\$150 Each		
Middle School Ensembles	\$100 Each		
Honor Ensemble Auditions			
Honor Ensemble Participants			
Solo & Ensemble Entries	Various		

OTHER INCOME (ITEMIZE – INCLUDE RECEIPTS) _____

TOTAL INCOME: \$ _____

Entry fees for participants who fail to perform cannot be refunded.

LCRMEA REIMBURSEMENT FORM

Please fill out ONE sheet per reimbursed person and staple receipts to this page.
You may need to make copies of this form.

Event: _____

Reimbursed Person: _____

Description	Vendor	Amount
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____
7. _____	_____	\$ _____
8. _____	_____	\$ _____

Total Expenses: \$ _____

Reimbursement: All items for reimbursement must fall into the categories listed and be documented on the Financial Report page. Other items must be pre-approved by the LCRMEA president. All original receipts must be attached. Reimbursement will be included in host stipend payment. If there is more than one host, please note how you are splitting up the stipend.

Chairperson Stipend: The chairperson stipend will be paid to the chairperson by LCRMEA ONLY after receiving all necessary forms. The payment for large group contests will be \$200. The payment for solo/ensemble contest site host will be \$300. The payment for solo/ensemble scheduler is \$200 + .50c per entry. If there is more than one person organizing the contest including scheduling solo and ensemble, the total fee will be divided by those involved.

Total Amount for Chairperson(s):

Host Expenses: \$ _____

Chair Stipend: \$ _____

Total: \$ _____

Please Mail Check to:

Name:

Address:

LCRMEA EARLY REIMBURSEMENT FORM

Please fill out ONE sheet per reimbursed person and staple receipts to this page.
You may need to make copies of this form.

Event: _____

Reimbursed Person: _____

Description	Vendor	Amount
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Total Expenses: \$ _____

Early Reimbursement: Items for early reimbursement must exceed \$200 per person. Please include an estimated spending overview for approval. (Below) Examples of approved early reimbursement items include, but are not limited to, airfare/travel expenses, music purchases, and T-shirt purchases.

SPENDING OVERVIEW FOR EARLY REIMBURSEMENT APPROVAL

EXPENSES	AMOUNT
Adjudicator Pay	
Housing/Travel	
Materials	
Total Estimated Income	
Total Estimated Expenditure	
Estimated Profit (Loss)	

Please Mail Check to:

Name: _____

Address: _____

LCRMEA EVENT FINANCIAL REPORT

Event _____

Date(s) _____ Host _____

For accounting purposes, please fill out each line as it is indicated, not in reference to whom it was paid. There are blank spaces below to include other expenses not listed. Attach any outstanding invoices to this page.

EXPENSES	TOTAL AMOUNT
Adjudicator Pay	
Adjudicator Mileage	
Adjudicator Meals	
Adjudicator Housing	
Assistants: Meals/Refreshments	
Building Rental	
Custodial	
Office Supplies	
Printing	
Postage	
Recording	
Pianos	
T-Shirts	
JWPepper	
Total Income	
Total Expenditure	
Profit (Loss)	

Chairperson Signature: _____ Date: _____



LOWER COLUMBIA RIVER MUSIC EDUCATORS ASSOCIATION
a division of the Washington Music Educators Association

DATE _____

Judges Name
Street Address
City, STATE ZIP

Dear _____,

Thank you for agreeing to adjudicate the LCRMEA _____ EVENT _____ to be held on _____ DATE _____, at _____ LOCATION _____. Your day will start at approximately _____ A.M., and finish approximately _____ P.M. You will receive a stipend of _____ \$ _____ paid to you on the day of the event. In addition, you will be reimbursed for mileage, calculated round trip from your home address. Lunch will be provided on site. Reimbursement of any additional expenses must be approved prior to the event.

You and Lower Columbia River Music Educators Association (LCRMEA) are in agreement that you are an independent contractor. As such, you are responsible for payment of all taxes associated with the fee paid by LCRMEA, and you are not eligible for unemployment compensation related to providing these services.

Included with this mailing are a sample adjudication form, and driving directions to _____ LOCATION _____. Please read the adjudication form very carefully and contact me should you have any questions.

Once you submit this contract I will provide our treasurer with your email address so we can get you setup to receive payment for services. You should receive an email from Lower Columbia River Music Educators Association (via Intuit services). Click on "Enter W-9 Info" to create a secure account and enter your tax information. Complete the W-9, sign, and submit your form.

I can be reached at [e-mail address] or at [phone number].

Thank you once again for agreeing to spend your day with us. We look forward to seeing you on _____ DATE _____.

Sincerely

[Contest chair]

I agree to adjudicate the Lower Columbia River _____ EVENT _____ at _____ LOCATION _____ on _____ DATE _____ under the terms described above.

Adjudicator Signature: _____ Date: _____