

Texas Two Year College Choral Directors Association  
Accompanist's Contract  
For the Texas Two Year College All State Choir

This ACCOMPANIST CONTRACT AGREEMENT made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the Texas Two Year College Choral Directors Association, P. O. Box 4374, Beeville, TX 78104, (361-358-6339) and

Accompanist's Name: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Office Number \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

This contract engages the services of \_\_\_\_\_ (name of accompanist), pursuant to the terms hereunder:

1. ENGAGEMENT

Three days of rehearsals at the DoubleTree by Hilton San Antonio Downtown, 502 W Cesar E. Chavez, San Antonio, TX 78207 concluding with a rehearsal and performance on the fourth day at the Henry B. Gonzalez Convention Center as part of the Texas Music Educators Association annual convention.

Date: Wednesday, February \_\_\_\_\_ through Saturday, February \_\_\_\_\_, 20\_\_\_\_\_.

2. COMPENSATION

A total honorarium of **One Thousand** dollars (**\$1000.00**) for the services shall be paid to the accompanist before the performance.

3. EXPENSES

The approved expense items covered by TTCCDA for the clinician are (but not limited to)

- Plane ticket or driving mileage
- Taxi to and from airports
- Hotel cost
- Meals

Other expense items must be presented and approved in advance by the choral coordinator. Receipts for all expenses should be given to the choral coordinator the final day of the conference. Receipts for approved post-conference expenses (if any) should be sent to Dr. Jim Lee, the Executive Secretary/Treasurer within one week of the concert date.

4. REPERTOIRE

Copies of the repertoire will be sent to the accompanist by the Texas Two Year College Executive Secretary/Treasurer by May 15th of the year preceding the date of engagement listed in this contract.

Accompanist's Signature \_\_\_\_\_ Date \_\_\_\_\_

All State Choir Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Coordinator's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office number \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

FAX: \_\_\_\_\_