

LCRMEA

Festival Forms

Event: _____

Host: _____

LCRMEA
PO Box 87458
Vancouver, Wa 98687

Treasurer Contact:
Katie Matsuura
lcrmeatreasurer@gmail.com
360-604-7647 Work Phone

LCRMEA EVENT INCOME REPORT

Event _____

Site _____ City _____

Date(s) _____ Host _____

PARTICIPATING SCHOOLS:

| School | # Entries | School | # Entries |
|-----------------------------|----------------|----------------|-----------|
| 1. _____ | _____ | 13. _____ | _____ |
| 2. _____ | _____ | 14. _____ | _____ |
| 3. _____ | _____ | 15. _____ | _____ |
| 4. _____ | _____ | 16. _____ | _____ |
| 5. _____ | _____ | 17. _____ | _____ |
| 6. _____ | _____ | 18. _____ | _____ |
| 7. _____ | _____ | 19. _____ | _____ |
| 8. _____ | _____ | 20. _____ | _____ |
| 9. _____ | _____ | 21. _____ | _____ |
| 10. _____ | _____ | 22. _____ | _____ |
| 11. _____ | _____ | 23. _____ | _____ |
| 12. _____ | _____ | 24. _____ | _____ |
| High School Ensembles | @ \$150.00 Ea. | = _____ | |
| Middle School Ensembles | @ \$100.00 Ea. | = _____ | |
| Honor Ensemble Auditions | @ _____ Ea. | = _____ | |
| Honor Ensemble Participants | @ _____ Ea. | = _____ | |
| Solo & Ensemble Entries | @ Various | = _____ | |
| TOTAL FEES | | = _____ | |

OTHER INCOME (ITEMIZE – INCLUDE RECEIPTS)

TOTAL INCOME

\$ _____

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

LCRMEA Adjudicators Expense Sheet and Contract

Please fill out one sheet per adjudicator. You may need to make copies of this form.

Please attach a W9 to this form for payment.

Event: _____

Date of Event: _____

Location of Event: _____

Address: _____

Name of Adjudicator: _____

Address: _____

Email: _____ **Phone:** _____

Arrival Time: _____ **Expected Completion Time:** _____

Expected Contractual Hours: _____

Adjudication Stipends and Expenses:

Base Pay: _____ \$300.00 Whole Day (7 Hours)
_____ \$150.00 Half Day (4 Hours)
_____ \$30.00 Per Hour (3 or Less Hours)
_____ \$30.00 Per Hour Overtime

*Judging Hours do not include lunch

Mileage: _____ Roundtrip Miles x's _____ per mile = _____

Meals: _____ Breakfast \$10.00
_____ Lunch \$10.00
_____ Dinner \$20.00

*Host may elect to provide meals. If you have a specific dietary concern, please let host know at your earliest convenience.

Housing: \$ _____ *May be paid by the host

Total Amount Due: _____

Chairperson's Signature: _____

Judge's Signature: _____

LCRMEA Festival Host Expense and Reimbursement Summary Sheet

Please fill out ONE sheet per reimbursed person. 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 Festival Financial Report:

Festival: _____ Date _____

Host: _____

For accounting purposes, please fill out each line as it is indicated, not in reference to whom it was paid. Thank you

| Expenses: | Number: | Amount: |
|--|----------------|----------------|
| Adjudicator Pay: | _____ | \$ _____ |
| Adjudicator Mileage | _____ | \$ _____ |
| Adjudicator Meals | _____ | \$ _____ |
| Adjudicator Housing | _____ | \$ _____ |
| Assistants: Meals/Refreshments | _____ | \$ _____ |
| Building Rental: | _____ | \$ _____ |
| Chairperson Stipend | _____ | \$ _____ |
| Office Supplies (pencils, folders, etc.) | | \$ _____ |
| Printing (Certificates, programs, rating sheets) | | \$ _____ |
| Pianos: | _____ | \$ _____ |
| Postage | _____ | \$ _____ |
| Recording (tapes, cds, etc.) | | \$ _____ |
| Other items:- | | |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| Total: | | \$ _____ |

| | |
|----------------------------|----------|
| Total Income: | \$ _____ |
| Total Expenditures: | \$ _____ |
| Profit (Loss) | \$ _____ |

Chairperson Signature: _____ Date: _____