

**CENTRAL NEW YORK-FINGERLAKES
NATIONAL ASSOCIATION OF TEACHERS OF SINGING
(CNYFL-NATS)
Guest Artist Agreement**

GUEST ARTIST: _____

CONTRACTOR: CNYFL-NATS

DATE(S) OF SERVICE: _____

LOCATION: _____

HONORARIUM:

PAYEE:

PAYOR:

CNYFL-NATS

_____, President

_____, Treasurer*

DATE OF PAYMENT: _____

DESCRIPTION OF SERVICES

Attach supporting documents as needed (agenda, etc)

Signatures

Contractor

date

Guest Artist

date

*Treasurer must approve funding prior to agreement

Draft: K. Miller, 4/2011