



Adjudicator Contract

Name/Last _____ First _____

Address _____ City/St/Zip _____

Phone (home) _____
(work) _____ (cell) _____

Email _____

SSN: _____

Please list all Districts/Sr. Clubs for which you are adjudicating _____

Compensation: \$40.00 per hour

Mileage Reimbursement: IRS rate at time of compensation.

Food Allowance Per Day: \$25.00 Out of Town. \$10.00 in town.

Hotel: Up to \$110.00 per night, if applicable.

Receipts are not required for meal reimbursement. Receipts are required for hotel reimbursement.

Have you ever been convicted of, or charged with, a felony? Yes No

I hereby attest to the best of my knowledge that the above information is both true and accurate.

Dated this _____ day of _____, 20_____.

Adjudicator Signature

Please return this contract to:

Oliver Poida
OFMC Festival Chairman
3818 N Commercial Ave
Portland, OR 97227
(503) 830-5017 ~ opoida@hotmail.com