



6. Adjudicator Contract Festival 2018

Name/Last _____ First _____

Address _____ City/St/Zip _____

Phone (best number to reach you)

Email _____

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

Compensation: \$45.00 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 \$150.00 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

*This form and adjudicator guidelines and other helpful information are available under the Forms tab on oregonfmc.org

Please return this contract to:

Sarah Bisceglia,
17300 SE 82nd Dr,
Clackamas, OR 97015
irishrose@whisperingroses.net