



PO Box 174
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www.cmea.org

ADJUDICATOR HONORARIUM/EXPENSE SHEET

PERSONAL INFORMATION: (Please print clearly)

Name: _____ SSN: _____

Home Address: _____
 (Street) (City) (State) (Zip)

Home Phone: _____ Work Phone: _____ Cell: _____

Primary Email Address: _____

Are you a NAFME/CMEA member? Yes No Membership # _____

Are you a CMEA trained adjudicator? Yes No

Check all that apply: School Music Teacher Private Teacher Professional Musician College Student

ADJUDICATION ASSIGNMENT:

Date of Adjudication: _____ Instrument(s)/Voice Part Judged _____

Check one: High School Region Middle School Region All-State

If a Region, indicate which: East North South West

Number of Hours adjudicated _____ Travel Expenses: _____ Round Trip Miles (Drivers only)

Adjudicator Signature _____ Date: _____

This Section to be completed and signed by Judge Chair or their designee

| | | | |
|------------------------------------|-----------------------------|---------------------------------|------------------|
| Professional/Educator Rate: | Member & Trained - \$18 | Non-Member & Trained - \$15 | |
| | Member & Non-Trained - \$15 | Non-Member & Non-Trained - \$12 | |
| Collegiate Rate: | CNAfME & Trained \$12 | CNAfME & Non-Trained - \$10 | Tabulation - \$8 |

Confirm Hours Adjudicated _____ @ \$ _____ per hour = \$ _____

Total Miles (Drivers only) _____ @ \$.30 per mile = \$ _____

Total Payment = \$ _____

Judge Chair or Designee Signature _____ Date: _____