

Student Accompanist Contract

Name of Soloist: _____ Ext: _____

Name of Accompanist: _____ Ext: _____

Repertoire (use back of sheet if more room is needed):

Lesson Day and Time: _____

Performance Information: (include dates of performances, pre-recital hearings, and any known studio classes)

Rate/Hour of Rehearsals: _____

Rate/Performance: _____

Rescheduling Policy Information:

Signatures:

Soloist _____

Accompanist _____

Studio Teacher of the soloist _____

Studio Teacher of the accompanist _____

Please return this form completed to the envelope outside of MD 145.