



MUSICIAN PAYMENT FORM

Show: _____

Music Director: _____

Music Director's Signature: _____

Email Address: _____

Phone: _____

Mailing Address: _____

MUSICIAN PAYMENTS WILL BE DISTRIBUTED AFTER ALL W9s ARE SUBMITTED TO TREASURER!

Name of Musician	# of Rehearsals (\$40/Rehearsal)	# of Performances (\$45/Performance)	Total Amount
TOTAL AMOUNTS			
Rehearsal Pianist	# of Rehearsals (\$40/Rehearsal)	# of Performances (\$45/Performance)	Total Amount

Producer's Printed Name: _____

Producer's Signature: _____