

**Southern California Vocal Association
Festival Adjudicator Pay Voucher**

Adjudicator's Name _____

Street Address _____ City _____ Zip _____

E-mail _____ Phone # (s) _____

Festival Date _____ Time _____ Location _____

Type of Festival: Regular _____ Clinic _____

Festival Host's Name _____ Signature _____

Adjudicator's Signature _____

Please use a different form for each festival. Send completed forms to

Carolyn Kelley, SCVA Treasurer
650 Tamarack #211
Brea, CA 92821