

NAME (Print Clearly)

ACTIVITY

CITY, STATE, ZIP
PHONE & EMAIL
SOCIAL SECURITY #

ADDRESS

SIGNATURE

DATE

Region1AA -- Independent Contractor Form

Minnesota State High School League -- Region 1AA Gary Addington, Executive Secretary Treasurer 2124 9th Avenue Northeast, Rochester,Mn.55906

Phone: 507-271-4348 Fax: 507-258-4364 email: garyaddington12@gmail.com

WHEREAS, an independent contractor is a person who agrees to perform a service for an individual/entity, but the individual/entity has no right to control the means and manner of performance of said service;

WHEREAS, the undersigned individual (hereinafter "Independent Contractor") is specifically an independent contractor of the Minnesota State High School League (hereinafter the "MSHSL") and not an employee;

NOW THEREFORE, the MSHSL and the Independent Contractor hereby agree as follows:

SITE

Independent Contractor shall perform all duties and responsibilities of the following services to satisfactory completion:

ASSIGNMENT

CHECK #

SET FEE

 Th Inc Inc If a Inc Inc Inc Inc 	dependent contractor shall be liable e MSHSL shall have right to control dependent Contractor shall be free to dependent Contractor shall not be liaccepted, Independent Contractor shall receive to dependent Contractor shall be respondent Contractor shall be respondent Contractor is assessed by the contractor of the contractor shall be respondent.	of the means and mann of accept or reject assi- mited to providing sin- hall report directly to the set fee listed above	ner of Independent Contractor's per gnments from the MSHSL; milar services exclusively to the MS the Site;	SHSL;	mentioned services
9. The Few wh 10. Inc. 11. Inc. ber	rependent Contractor is responsible thhold such taxes; e MSHSL shall provide form 1099 deral reporting requirement. Form ich remittances were made; dependent Contractor shall not be collependent Contractor is not eligible nefits; dependent Contractor shall act in a responsible to the contra	for payment of Feder is provided if remittat 1099 shall be provide overed under Minneso for, and specifically of	ousiness or travel expenses; ral, FICA, and Minnesota State inco nces paid to Independent Contractor d to Independent Contractor by Jan ota Unemployment Compensation Felects to reject, workers compensation	ome taxes, and the MSH r for any calendar year r uary 31 of the year followards and agrees not to con coverage and agrees	meet or exceed the owing the year in claim such benefits:
		_	AA Executive Secretary to rece rnament/site manager signatu		
te/ To	urnament Manager Signa	ture			