



Charlotte CG Regional Practice Site Contract

Group Name Class

Person to receive correspondence

Address

City, State, Zip

Email Phone with area code

We would like to contract for hours of practice time as follows:

First Option: Prelims Finals

We would prefer times on _____ between _____ and _____
(Date) (Time AM/PM) (Time AM/PM)

Second Option: Prelims Finals

We would prefer times on _____ between _____ and _____
(Date) (Time AM/PM) (Time AM/PM)

Third Option: Prelims Finals

We would prefer times on _____ between _____ and _____
(Date) (Time AM/PM) (Time AM/PM)

We understand the cost for practice to be **\$100 per hour** to be submitted to the practice site chairperson by **February 16th. PRACTICE TIME AFTER THAT DATE CANNOT BE GUARANTEED.** Payment in full due at time of reservation. Refunds are at the discretion of show sponsor. The remaining owed will be paid at unit check-in prior to competing.

Make checks payable to: **CWEA Indoor**

Signed by _____

Position _____

Please Print this form and Send to

CWEA Indoor
Attn: Jaime Tyo
PO Box 3614
Rock Hill, SC 29732

Email questions: jaime@cweaindoor.org

If you prefer to pay by credit card, please email this form to jaime@cweaindoor.org.

MasterCard VISA Discover AMEX

_____ - _____ - _____

Exp Date ____/____ CVV ____

All credit card transactions may be charged additional fees.