



## Clayton 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 \_\_\_\_\_ (Date) between \_\_\_\_\_ (Time AM/PM) and \_\_\_\_\_ (Time AM/PM)

Second Option: Prelims Finals

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

Third Option: Prelims Finals

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

We understand the cost for practice to be **\$50 per hour** to be submitted to the practice site chairperson by **February 2nd**. **PRACTICE TIME AFTER THAT DATE CANNOT BE GUARANTEED.** Practice monies are due in full at time of reservation. Refunds after that date are at the discretion of show sponsor.

Make checks payable to: **CVHS BPA**

Signed by \_\_\_\_\_

Position \_\_\_\_\_

### Please Print this form and Send to

Cleveland High School  
Attn: Steven Rainville/Band Room  
1892 Polenta Road  
Clayton, NC 27520

Phone: 910-934-4841  
Email: [steverainville@johnston.k12.nc.us](mailto:steverainville@johnston.k12.nc.us)

If you prefer to pay by credit card, please email this form to [steverainville@johnston.k12.nc.us](mailto:steverainville@johnston.k12.nc.us)

MasterCard      VISA      Discover      AMEX

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp Date \_\_\_\_/\_\_\_\_      CVV \_\_\_\_

Credit card transactions may be charged transaction fees.