



Gulfport 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 \$75 per hour to be submitted to the practice site chairperson by February 23rd. 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: **Admiral Band Boosters**

Signed by _____

Position _____

Please Print this form and Send to

Gulfport High School
Attn: Robyn Ball/Band Office
100 Perry Street
Gulfport, MS 39507

Phone: 601-297-0949
Email questions: robyn.ball@gulfportschools.org