



Kansas City Color Guard 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 **\$60 per hour with a 50% down payment** to be submitted to the practice site chairperson by **January 26th. PRACTICE TIME AFTER THAT DATE CANNOT BE GUARANTEED.** 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: **MCCGA**

Signed by _____

Position _____

THIS EVENT PARTNER HAS ASKED THAT YOU BOTH EMAIL AND MAIL THE FORM TO THE FOLLOWING:

Please **EMAIL** this Form to – mccgapresident@yahoo.com

Please **MAIL** this Form **WITH** payment to:
MCCGA
Kansas City Color Guard Practice Form and Payment
PO Box 550
Springfield, MO 65801
Phone – 314-288-7714