



Philadelphia 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 with a 50% down payment** to be submitted to the practice site chairperson by **February 2nd. PRACTICE TIME AFTER THAT DATE CANNOT BE GUARANTEED.** Refunds are at the discretion of show sponsor. The remaining owed will be paid at check-in prior to competing.

Make checks payable to: **Council Rock Band Parent Association South (CRBPAS)**

Signed by _____

Position _____

Please Print this form and Send to

Council Rock High School South
Attn: John Burns/Band Office
2002 Rock Way
Holland, PA 18966

Phone: 434-981-1565

Email questions: WGIPhiladelphia@gmail.com

If you prefer to pay by credit card, please email this form to WGIPhiladelphia@gmail.com

MasterCard VISA Discover AMEX

_____ - _____ - _____

Exp Date ____/____ CVV ____

Credit card transactions may be charged transaction fees.