



## Salem Color Guard Regional Practice Site Contract

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Group Name Class

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Person to receive correspondence

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Address

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City, State, Zip

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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 **\$95 per hour with a 50% down payment** to be submitted to the practice site chairperson by **January 26<sup>th</sup>**. **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: **Blessed Sacrament Color Guards, Inc.**

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

Position \_\_\_\_\_

**Please print and mail this form to:**

Ed Devlin  
32A Armory Street  
Wakefield, MA 01880

Phone: 617-230-7605  
Email: [Blessedsacwg@gmail.com](mailto:Blessedsacwg@gmail.com)

If you prefer to pay by credit card, please email this form to [Blessedsacwg@gmail.com](mailto:Blessedsacwg@gmail.com).

MasterCard      VISA      AMEX

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

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

Credit card transactions may be subject to transaction fees.