



Houston 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 **January 26th. 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: **Magnolia West Band**

Signed by _____

Position _____

Please print this form and mail with deposit to:

Magnolia West High School
Attn: Jarred Littleton/Band Room
42202 FM 1774
Magnolia, TX 77354

Phone: 281-252-2550
Email questions to jlittleton@magnoliaisd.org

If you prefer to pay by credit card, please email this form to jlittleton@magnoliaisd.org

MasterCard VISA Discover AMEX

_____ - _____ - _____ - _____

Exp Date ____/____ CVV ____

Credit card transactions subject to transaction fees.