



## Southeast Power 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 **\$100 per hour** to be submitted to the practice site chairperson by **March 1st. PRACTICE TIME AFTER THAT DATE CANNOT BE GUARANTEED.** Refunds are at the discretion of show sponsor.

Make checks payable to: **Buford High School**

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

Position \_\_\_\_\_

### Please Print this form and Send to

Burford High School  
Attn: Erik Mason/Band Department  
2455 Buford Highway Northeast  
Buford, GA 30518

Phone: 770-367-2243

Email: [erik.mason@bufordcityschools.org](mailto:erik.mason@bufordcityschools.org)

If you prefer to pay by credit card, please email this form to [erik.mason@bufordcityschools.org](mailto:erik.mason@bufordcityschools.org)

MasterCard      VISA      Discover      AMEX

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

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

Credit card transactions subject to transaction fees.