

Dallas CG Regional Practice Site Contract

Group Name					Class		
			Person to re	ceive corresponden	ce		
			Ado	dress			
			City,	State, Zip			
Email					Phone with area code		
Ve would like to	contract for he	ours of practi	ice time as follow	/s:			
First Option:	Prelims	Finals					
Ve 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)
hird Option:	Prelims	Finals					
Ve would prefer	times on		(Date)	between	(Time AM/PM)	and	(Time AM/PM)
PRACTICE TIMI hairperson prior	E AFTER THA r to January 1	T DATE CAN 7 th for a full	NOT BE GUARA	after that date are	not going to need	the fac	by January 17th. ilities, we will contac sponsor. The total c
Make checks pay	able to: <i>Copp</i>	ell High Scho	ool Band Booster	Association			
			Signed by				
			Position				

Please Print this form and Send to

Coppell High School Attn: Matthew Rummel/ Band Office 185 W Parkway Blvd Coppell, TX 75019

214-496-6284

mrummel@coppellisd.com