Albany 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 **$85 per hour with a 50% down payment** to be submitted to the practice site chairperson by **January 11th. PRACTICE TIME AFTER THAT DATE CANNOT BE GUARANTEED.** If we are not going to need the facilities, we will contact the chairperson prior to **January 11th** for a full refund. Refunds after that date are at the discretion of show sponsor. The remaining owed will be paid at unit check-in prior to competing.*

Make checks payable to: **Band Boosters of Shen**

Signed by _____

Position _____

Please Print this form and Send to

Ann Roe
29 Netherland Way
Clifton Park, NY 12065

Phone: 518-469-8928
Fax: 518-982-1728
Email questions: AMR@nycap.rr.com