



Corning Color Guard 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)

**Cost \$ 60-80 per hour depending upon location. Please email jstork@cppasd.com for additional information.
Deadline for submissions January 19th**

Make checks payable to: **Corning-Painted Post Band Boosters**

Signed by _____

Position _____

Please mail checks with completed forms to:

Corning-Painted Post High School
Attn: Joseph Stork/Band Office
201 Cantigney Street
Corning, NY 14830

Phone: 585-737-2999
Email: jstork@cppasd.com