



Pensacola 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 **February 8th. PRACTICE TIME AFTER THAT DATE CANNOT BE GUARANTEED.** If we are not going to need the facilities, we will contact the chairperson prior to **February 8th** 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: **Tate HS Band Boosters**

Signed by _____

Position _____

Please print this form and mail to:

Tate High School
Jakob Wisdom/Band Office
1771 North Tate Road
Cantonment, FL 32533

Phone: 850-549-8409
Fax: 850-937-2328

Email: jwisdom@escambia.k12.fl.us

If you prefer to pay by credit card, please email this form to jwisdom@escambia.k12.fl.us.

MasterCard VISA

_____ - _____ - _____

Exp Date ____/____ CVV ____

All credit card transactions may be charged additional fees.