## Mid East Power Regional Practice Site Contract



Group Name						Class		
			Person to rec	eive corresponden	ice			
			Addı	ress				
			City, S	State, Zip				
Email					Phone with area code			
We would like to	o contract for h	ours of practi	ce time as follows	5:				
First Option:	Prelims	Finals						
We would prefer	r times on		(Date)	between	(Time AM/PM)	and	(Time AM/PM)	
Second Option:	Prelims	Finals						
We would prefer	r times on		(Date)	between	(Time AM/PM)	and	(Time AM/PM)	
Third Option:	Prelims	Finals						
We would prefer	r times on		(Date)	between	(Time AM/PM)	and	(Time AM/PM)	
payment to be BE GUARANTE	submitted to the <b>ED.</b> If we are	ne practice sit not going to	te chairperson by need the facilities	Friday, March 2's, we will contact t	nd. PRACTICE TIN he chairperson pric	<b>ME AFTL</b> or to <b>Ma</b>	rs with a 50% down ER THAT DATE CANNOT rch 9 <sup>th</sup> for a full refund. eck-in prior to competing.	
Make checks par Groups making insured.	yable to: <b>Ham</b> practice arrang	ilton City So ements must	chool District provide a Certific	cate of Liability Ins	surance listing Ham	nilton Cit	ry Schools as an additional	
			Signed by					
			Position					

Please print this form and mail with deposit to

Hamilton High School, co/Fine Arts/WGI Julie Schanie 1165 Eaton Avenue Hamilton, OH 45013

bookkeeper@hamiltoncitybandprogram.org 513-446-2982