



Troy Perc 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 **\$50 per hour with a 50% down payment** to be submitted to the practice site chairperson by **January 15th**. **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 15th** 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: **TABB (Troy Athens Band Boosters)**

Signed by _____

Position _____

Please print and mail this form with payment to:

Karen Lighthouse
2406 Orpington Drive
Troy, MI 48083

Phone – 248-224-7380

Fax – 313-338-3906

Email Questions to – lighthouse_k@yahoo.com