



Springfield 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 _____ (Date) between _____ (Time AM/PM) and _____ (Time AM/PM)

Second Option: Prelims Finals

We would prefer times on _____ (Date) between _____ (Time AM/PM) and _____ (Time AM/PM)

Third Option: Prelims Finals

We would prefer times on _____ (Date) between _____ (Time AM/PM) and _____ (Time AM/PM)

We understand the cost for practice to be \$60 per hour with a 50% down payment to be submitted to the practice site chairperson by January 31st. PRACTICE TIME AFTER THAT DATE CANNOT BE GUARANTEED.

Make checks payable to: MCCGA

Signed by _____

Position _____

THIS EVENT PARTNER HAS ASKED THAT YOU BOTH EMAIL AND MAIL THE FORM TO THE FOLLOWING:

Please EMAIL this Form to - mccgapresident@yahoo.com

Please MAIL this Form WITH payment to:
MCCGA
Springfield Color Guard Practice Form and Payment
PO Box 550
Springfield, MO 65801
Phone - 314-288-7714