

## **Pittsburgh CG Regional Practice Site Contract**

Group Name				Class		
	Person to rece	eive corresponder	nce			
	Addr	ess				
	City, S	tate, Zip				
Email			Phone with area code			
We would like to contract for I	nours of practice time as follows	<i>:</i>				
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)	
chairperson by <b>February 7</b> <sup>th</sup> . facilities, we will contact the c	actice to be <b>\$85 per hour with PRACTICE TIME AFTER THA</b> ' hairperson prior to <b>February 7</b> <sup>t</sup> I will be paid at unit check-in pri	<b>T DATE CANNOT</b> *f for a full refund	BE GUARANTEE	<b>D.</b> If w	e are not going to need to	
Make checks payable to: <b>Nor</b>	win Band Aides					
	Signed by					
	Position					
Please print this form and mail with deposit to: Heather Shrump 11709 Dartmoor Drive North Huntingdon, PA 15642  Phone: 412-303-8701			If you prefer to pay by credit card, please email this form to <pre>scrapin-qn@comcast.net</pre> MasterCard VISA			
Email: scrapin-qn@comcast.	net	Exp Da	 ute/			

All credit card transactions may be charged additional fees.