

## **Gulfport CG Regional Practice Site Contract**

Group Name					Class		
			Person to re	ceive corresponden	се		
			Ado	lress			
			City,	State, Zip			
Email					Phone with area code		
We would like to conti	ract for h	ours of practi	ce time as follow	vs:			
First Option: Pro	elims	Finals					
Ne would prefer times	s on		(Date)	between	(Time AM/PM)	and	(Time AM/PM)
Second Option: Pre	elims	Finals					
Ne would prefer times	s on		(Date)	between	(Time AM/PM)	and	(Time AM/PM)
Third Option: Pre	elims	Finals					
We would prefer times	s on		(Date)	between	(Time AM/PM)	and	(Time AM/PM)
We understand the co chairperson by <b>Febru</b> facilities, we will conta sponsor. The remaining	a <b>ry 7<sup>th</sup>.</b> act the ch	<b>PRACTICE 1</b> airperson pri	TIME AFTER THAT or to <b>February</b> 2	<b>AT DATE CANNOT</b> <b>7<sup>th</sup> for a full refund.</b>	BE GUARANTEE	<b>D.</b> If w	re are not going to no
Make checks payable	to: Adm	iral Band Bo	oosters				
			Signed by				
			Position				

## Please Print this form and Send to

Gulfport High School

Attn: Westley Morehead/Band Office 100 Perry Street Gulfport, MS 39507

Phone: 228-896-7878

Email questions: Westley.morehead@gulfportschools.org