

Phoenix Color Guard Regional Practice Site Contract

Group Name						Class	
			Person to rec	eive corresponden	nce		
			Add	ress			
			City, S	State, Zip			
Email					Phone with area code		
We would like to	contract for h	ours of pract	ice time as follow:	s:			
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 F the facilities, we	ebruary 15th will contact th	. PRACTICI e chairpersoi	E TIME AFTER T In prior to Februa	HAT DATE CANNO	refund. Refunds at	ED. If	o the practice site we are not going to date are at the discr
Make checks pay	able to: WGA	Z					
			Signed by				
			Position				

Please print and mail this form with payment to: Joyce Loughrige 2542 North 10th Street Phoenix, AZ 85006

Phone: 602-672-5777 Email: joyce.loughrige@centurylink.com