

Portland Color Guard Regional Practice Site Contract

	Class				
	Person to rece	ive corresponder	nce		
	A didina				
	Addre	ess			
	City, St	ate, Zip			
		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	
Second Option: Prelims	(Date) Finals		(Time AM/PM)		(Time AM/PM)
Second Option. Trellins	i iriais				
We would prefer times on	(Date)	between	(Time AM/PM)	and	(Time AM/PM)
Third Option: Prelims	Finals				
We would prefer times on		between		and	
	(Date)		(Time AM/PM)		(Time AM/PM)
chairperson by February 15 facilities, we will contact the	practice to be \$75 per hour with th. PRACTICE TIME AFTER THA chairperson prior to February 15 gowed will be paid at unit check-	T DATE CANNO 5th for a full refun	T BE GUARANTE nd. Refunds after t	D. If v	ve are not going
	Signed by				
	Position				
Please mail checks with completed forms to: Kira Olson Skyview Band & Dance Parents PMB 314 800 NE Tenney Road STE 110 Vancouver, WA 98685			fer to pay by cre to <u>olsonkiral@c</u> rd VISA	<u>mail.co</u> Discov	om.
Phone: 360-450-7868		Exp Date	/	CVV	

All credit card transactions may be charged additional fees.

Email: <u>olsonkiral@gmail.com</u>