



Palm Beach CG 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 _____ between _____ and _____
(Date) (Time AM/PM) (Time AM/PM)

Second Option: Prelims Finals

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

Third Option: Prelims Finals

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

We understand the cost for practice to be **\$100 per hour with a 50% down payment** to be submitted to the practice site chairperson by **February 17th. PRACTICE TIME AFTER THAT DATE CANNOT BE GUARANTEED.** If we are not going to need the facilities, we will contact the chairperson prior to **February 17th** for a full refund. Refunds after that date are at the discretion of show sponsor. The remaining owed will be paid at unit check-in prior to competing.

Make checks payable to: **Palm Beach Gardens High School Band**

Signed by _____

Position _____

Please Print this form and Send to

Palm Beach Gardens High School
Attn: Band Room/Hope Posthumus-Wagner
4245 Holly Drive
Palm Beach Gardens, FL 33410

Phone: 954-778-8050
Email: hopeposthumus@gmail.com