



### Kansas City Color Guard 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 \_\_\_\_\_ (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)

We understand the cost for practice to be \$60 per hour with a 50% down payment to be submitted to the practice site chairperson by January 28th. PRACTICE TIME AFTER THAT DATE CANNOT BE GUARANTEED. If we are not going to need the facilities, we will contact the chairperson prior to January 28th 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: MCCGA

Signed by \_\_\_\_\_

Position \_\_\_\_\_

**THIS EVENT PARTNER HAS ASKED THAT YOU BOTH EMAIL AND MAIL THE FORM TO THE FOLLOWING:**

Please EMAIL this Form to – [mccgapresident@yahoo.com](mailto:mccgapresident@yahoo.com)

Please MAIL this Form WITH payment to:  
MCCGA  
Springfield Color Guard Practice Form and Payment  
PO Box 550  
Springfield, MO 65801  
Phone – 314-288-7714