



### Nashville 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 \_\_\_\_\_ 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 **\$50 per hour with a 50% down payment** to be submitted to the practice site chairperson by **February 4<sup>th</sup>**. **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 4<sup>th</sup>** 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: **MJHS Band Boosters**

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

Position \_\_\_\_\_

**Please mail checks with completed forms to:**

Tim Vaughn  
301 Manchester Ave  
Nashville, Tennessee 37206

Phone: 615-424-0033  
Email questions to: [mtjulietguard@aol.com](mailto:mtjulietguard@aol.com)

If you prefer to pay by credit card, please email this form to [mtjulietguard@aol.com](mailto:mtjulietguard@aol.com).

MasterCard      VISA      Discover      AMEX

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp Date \_\_\_\_/\_\_\_\_      CVV \_\_\_\_

Credit card transactions may be charged transaction fees.