



Salem 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 **\$90 per hour with a 50% down payment** to be submitted to the practice site chairperson by **January 21st**. **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 21st** 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: **Blessed Sacrament Color Guards, Inc.**

Signed by _____

Position _____

Please print and mail this form to:

Ed Devlin
32A Armory Street
Wakefield, MA 01880

Phone: 617-230-7605

Email: Blessedsacwg@gmail.com

If you prefer to pay by credit card, please email this form to Blessedsacwg@gmail.com.

MasterCard VISA AMEX

_____-_____-_____-_____

Exp Date ____/____/____ CVV _____

Credit card transactions may be subject to transaction fees.