



Indianapolis (February) 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 **\$90 per hour with a 50% down payment** to be submitted to the practice site chairperson by **February 25th. 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 25th** 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: **Zionsville Band Boosters**

Signed by _____

Position _____

Please Print this form and Send to

Jeff King
6542 Amherst Way
Zionsville, IN 46077

Phone: 317-403-7473

Email questions: zband.jeffking@yahoo.com

If you prefer to pay by credit card, please email this form to zband.jeffking@yahoo.com

MasterCard VISA Discover

_____ - _____ - _____

Exp Date ____/____/____ CVV ____

Credit card transactions may be charged transaction fees.