



Atlanta 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 March 4th. PRACTICE TIME AFTER THAT DATE CANNOT BE GUARANTEED. If we are not going to need the facilities, we will contact the chairperson prior to March 4th 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: Harrison High School Band Boosters

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

Position \_\_\_\_\_

Please Print this form and Send to

Harrison High School Band Boosters
Attn: WGI Atlanta Regional Practice/Greg Steinman
PO Box 801017
Acworth, GA 30101

Phone: 678-612-1916
Email questions: nyjetsboy123@aol.com