

Orlando 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 **\$125 per hour with a 50% down payment** to be submitted to the practice site chairperson by **March 1st**. **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 1st** 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: **Pegasus Winter Guard**

Signed by _____

Position _____

Please print this form and mail to:

Kevin Griner
4634 Bunting Avenue
Orlando, FL 32812

Phone: 407-492-7047

Email: kevingriner18@gmail.com

Paypal accepted. If you wish to pay with Paypal, please contact Kevin.

If you prefer to pay by credit card, please email this form to kevingriner18@gmail.com

MasterCard VISA

_____-_____-_____-_____

Exp Date ____/____ CVV ____

Credit card transactions may be charged transaction fees.