



Dallas 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 \$75 per hour 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 total cost owed will be paid at color guard check-in prior to competing.

Make checks payable to: Coppell High School Band Booster Association

Signed by _____

Position _____

Please Print this form and Send to
Coppell High School
Attn: Matthew Rummel/ Band Office
185 W Parkway Blvd
Coppell, TX 75019

214-496-6284
mrummel@coppellisd.com

If you prefer to pay by credit card, please email this form to mrummel@coppellisd.com
MasterCard VISA Discover AMEX
Exp Date ____/____ CVV ____
Credit card transactions may be charged transaction fees.