



Houston PW 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)

Cost: \$50 / hour.

Deadline for submissions: February 11th

Make checks payable to: **KOBA**

Signed by _____

Position _____

Please Print this form and Send to

KOBA
Attn: Max Mullinix
22603 Northcrest Dr
Spring, TX 77389

Phone: 404-909-6791
Email questions: amullinix1@kleinisd.net

If you prefer to pay by credit card, please email this form to amullinix1@kleinisd.net.

MasterCard VISA Discover AMEX

_____ - _____ - _____ - _____

Exp Date ____/____ CVV ____

All credit card transactions may be charged additional fees.