



Philadelphia 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 \$85 per hour with a 50% down payment to be submitted to the practice site chairperson by January 11th. PRACTICE TIME AFTER THAT DATE CANNOT BE GUARANTEED. If we are not going to need the facilities, we will contact the chairperson prior to January 11th 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: **CRBPAS (Council Rock Band Parent Association South)**

Signed by _____

Position _____

Please Print this form and Send to

Council Rock High School South
Attn: John Burns/Band Office
2002 Rock Way
Holland, PA 18966

Phone: 434-981-1565
Fax: 215-944-1140
Email questions: crsouthregional@gmail.com