

## **Richmond CG Regional Practice Site Contract**

Group Name					Class		
			Person to rec	eive corresponder	ce		
			Addı	ress			
			City, S	state, Zip			
Email					Phone with area code		
We would like to	contract for he	ours of pract	ice time as follows	5 <i>:</i>			
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)
chairperson by <b>F</b> the facilities, we	<b>ebruary 14<sup>th</sup>.</b> will contact the	<b>PRACTICE</b> e chairpersor	TIME AFTER TH prior to Februal	AT DATE CANNO	efund. Refunds aft	<b>ED.</b> If	o the practice site we are not going to a date are at the discre
Make checks pay	able to: <b>Pow</b> l	hatan Band	Boosters, Inc.				
			Signed by				
			Position				

## Please print this form and mail with deposit to: Powhatan High School

Powhatan High School Attn: Neil Landini/Band Room 1800 Judes Ferry Road Powhatan, VA 23139

Phone: 804-986-4421

Email: neil.landini@powhatan.k12.va.us