



St. Louis Percussion 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 **\$60 per hour with a 50% down payment** to be submitted to the practice site chairperson by **January 20th**. **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 20th** 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: **MCCGA**

Signed by _____

Position _____

THIS EVENT PARTNER HAS ASKED THAT YOU BOTH EMAIL AND MAIL THE FORM TO THE FOLLOWING:

Please EMAIL this Form to – mccgapresident@yahoo.com

Please MAIL this Form WITH payment to:

MCCGA

St. Louis Percussion Practice Form and Payment

PO Box 550

Springfield, MO 65801

Phone – 314-288-7714

Fax – 636-695-5706