

Atlanta Percussion & Winds Regional Practice Site Contract

Group Name						Class		
			Person to rece	ive corresponder	nce		<u></u>	
			Addre	288			<u>-</u>	
			City, St	ate, Zip				
Email					Phone with area code			
We would like to	contract for h	ours of practi	ice time as follows:					
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 F o the facilities, we	e bruary 26th. will contact the	PRACTICE e chairpersor	TIME AFTER THA	NT DATE CANNO Y 26th for a full re	OT BE GUARANTE efund. Refunds aft	ED. If	tted to the practice site we are not going to ne date are at the discreti	
Make checks paya	able to: WHS	Bands						
			Signed by					
			Position					

Please print and mail this form with payment to:

Woodland HS Band

Attn: Russ Thompson/Band Office

800 Moseley Drive Stockbridge, GA 30281

Phone: 256-740-1336 Fax: 770-389-2790 (please put attention Woodland HS Band Office)

Email: russell.thompson@henry.k12.ga.us