

Dayton PW Regional Practice Site Contract

Group Name						Class	
Person to receive correspondence Address							
Email					Phone with area code		
We would like to	contract for he	ours of practi	ice time as follow	s:			
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)
Cost: Varies by I Deadline for su	ocation bmissions: M	arch 4th					
Make checks pay	able to: Kett	ering City S	chools				
			Signed by				
			Position				
Please Print	this form	and Send	to				

Bailey Cox 2636 Wilmington Pike Kettering, OH 45419

Phone: 937-499-1760 Email questions: bailey.cox@ketteringschools.org