



Salem Color Guard 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 **\$90 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: **Blessed Sacrament Color Guards, Inc.**

Signed by _____

Position _____

Please print and mail this form to:

Ed Devlin
32A Armory Street
Wakefield, MA 01880

Phone: 617-230-7605

Email: Blessedsacwg@gmail.com

If you prefer to pay by credit card, please email this form to Blessedsacwg@gmail.com.

MasterCard VISA

_____-_____-_____-_____-

Exp Date ____/____ CVV ____

Credit card transactions may be subject to transaction fees.