

Salt Lake City Color Guard Regional Practice Site Contract

Group Name				Class		
	Person to receive	corresponder	nce			
	Address					
	City, State	e, Zip				
	Phone with area code					
We would like to contract for he	ours of practice 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 February 1st. facilities, we will contact the ch	ctice to be \$85 per hour with a PRACTICE TIME AFTER THAT D airperson prior to February 1st fo will be paid at unit check-in prior t	ATE CANNOT	BE GUARANTEEI	D. If w	e are not going to ne	
	Signed by					
	Position					
Please mail checks with completed forms to: Susan Raymond 35 North Orange Salt Lake City, UT 84116		If you prefer to pay by credit card, please email this form to uex.winter.guard@gmail.com. MasterCard VISA				
Phone: 801-647-3768 Fax: 801-258-4705 Email questions to: uex.	winter.guard@gmail.com					
		All credit card	d transactions may be o	charged a	additional fees.	