



## South Brunswick 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 **\$85 per hour with a 50% down payment** to be submitted to the practice site chairperson by **February 7<sup>th</sup>**. **PRACTICE TIME AFTER THAT DATE CANNOT BE GUARANTEED.** If we are not going to need the facilities, we will contact the chairperson prior to **February 7<sup>th</sup>** 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: **SB Viking Music PA**

Signed by \_\_\_\_\_

Position \_\_\_\_\_

### Please print and mail with payment to:

Ginny Kraft  
South Brunswick Music Parents Association  
PO Box 932  
Dayton, NJ 08810

Phone: 609-462-6686  
Email: [sbhspracticesites@gmail.com](mailto:sbhspracticesites@gmail.com)