



South Power 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 \$50 per hour with a 50% down payment to be submitted to the practice site chairperson by February 26th. 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 26th 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: Petal Band Boosters

Signed by _____

Position _____

Please print and mail this form with payment to:

Petal High School
Attn: Tony Lymon/Band Office
1145 Highway 42 East
Petal, MS 39465

Phone: 601-264-3868
Fax: 601-545-1229
Email questions to: tony.lymon@gmail.com