



St. Louis 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 **\$60 per hour with a 50% down payment** to be submitted to the practice site chairperson by **February 23rd**. **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 23rd** 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: **MCCGA**

Signed by _____

Position _____

THIS EVENT PARTNER HAS ASKED THAT YOU BOTH EMAIL AND MAIL THE FORM TO THE FOLLOWING:

Please **EMAIL** this Form to – mccgapresident@yahoo.com

Please **MAIL** this Form **WITH** payment to:

MCCGA
St. Louis Color Guard Practice Form and Payment
PO Box 550
Springfield, MO 65801
Phone – 314-288-7714
Fax – 636-695-5706