



Indianapolis CG 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 _____ (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)

We understand the cost for practice to be **\$120 per hour with a 50% down payment** to be submitted to the practice site chairperson by **March 3rd. PRACTICE TIME AFTER THAT DATE CANNOT BE GUARANTEED.** If we are not going to need the facilities, we will contact the chairperson prior to **March 3rd** 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: **Warren Performing Arts Association (WPAA)**

Signed by _____

Position _____

Please Print this form and Send to

Warren Central High School
Attn: Ed Meckes/ Performing Arts Dept.
9500 East 16th Street
Indianapolis, IN 46229

Phone: 317-691-9150
Email: emeckes@warren.k12.in.us

If you prefer to pay by credit card, please email this form to emeckes@warren.k12.in.us

MasterCard VISA Discover AMEX

_____ - _____ - _____

Exp Date ____/____ CVV ____

Credit card transactions may be charged transaction fees.