## Southeast Power Regional Practice Site Contract



Group Name						Class		
			Person to rece	eive corresponder	nce			
			Addr	ess				
			City, Si	tate, Zip				
Email					Phone with area code			
We would like to	contract for he	ours of practice	e 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 M	farch 1 <sup>st</sup> . PR/ contact the ch	<b>ACTICE TIME</b> airperson prior	AFTER THAT D. r to March 1 <sup>st</sup> fo	<b>ATE CANNOT BI</b> r a full refund. R	E GUARANTEED.	If we a	to the practice site re not going to nee at the discretion of	
Make checks pay	able to: Pega	sus Winter G	iuard					
		S	Signed by					
		Р	Position					
Please print Kevin Griner 4634 Bunting Orlando, FL	Avenue	and mail to	):					
Phone: 407-4 Email: UCFpe		aol.com						

Paypal accepted. If you wish to pay with Paypal, please contact Kevin.