

Richmond Percussion & Winds Regional Practice Site Contract

Group Name						Class		
			Person to rec	eive corresponden	ce			
			Add	ress				
			City, S	State, Zip				
Email					Phone with area code			
We would like to	contract for h	ours of practi	ice time as follows	s:				
First Option:	Prelims	Finals						
Ve would prefer	times on		(Date)	between	(Time AM/PM)	and	(Time AM/PM)	
Second Option:	Prelims	Finals						
Ve would prefer	times on		(Date)	between	(Time AM/PM)	and	(Time AM/PM)	
Third Option:	Prelims	Finals						
Ve would prefer	times on		(Date)	between	(Time AM/PM)	and	(Time AM/PM)	
chairperson by F The facilities, we	ebruary 19 th . will contact th	PRACTICE e chairpersor	TIME AFTER TH prior to Februa	IAT DATE CANNO	efund. Refunds aft	ED. If	to the practice site we are not going to n date are at the discre	
Make checks pay	able to: Pow	hatan High	School					
			Signed by					
			Position					

Please print and mail this form with payment to: Powhatan High School

Attn: Neil Landini/Band Office 1800 Judes Ferry Road Powhatan, VA 23139

Phone: 804-986-4421 Fax: 804-598-0298 Email: neil.landini@powhatan.k12.va.us