



Corning 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)

Cost \$ 70 per hour
Deadline for submissions January 24th

Make checks payable to: **CPP Band Boosters**

Signed by _____

Position _____

Please mail checks with completed forms to:

Dustin Hewit
Corning-Painted Post Band Boosters
PO Box 936
Corning, NY 14830

Phone: 607-426-8331
Email: dustin.hewit@googlemail.com

If you prefer to pay by credit card, please email this form to dustin.hewit@googlemail.com.

MasterCard VISA Discover AMEX

_____ - _____ - _____ - _____

Exp Date ____/____ CVV ____

All credit card transactions may be charged additional fees.