

Houston Color Guard Regional Practice Site Contract

Group Name					Class		
		Person to re	ceive corresponden	се			
		Ad	dress				
		City,	State, Zip				
Email				Phone with area code			
We would like to co	ontract for h	ours of practice time as follow	vs:				
First Option:	Prelims	Finals					
We would prefer tir	mes on	(Date)	between	(Time AM/PM)	and	(Time AM/PM)	
Second Option:	Prelims	Finals					
We would prefer ti	mes on		between		and		
Third Option:	Prelims	(Date) <i>Finals</i>		(Time AM/PM)		(Time AM/PM)	
No would profer til			hatwaan		and		
We would prefer tin		(Date)	between	(Time AM/PM)	and	(Time AM/PM)	
chairperson by Jan facilities, we will co sponsor. The rema	nuary 17 th . Intact the ch aining owed	ctice to be \$50 per hour wi PRACTICE TIME AFTER TH airperson prior to January 1 will be paid at unit check-in p o Oak Band Boosters Signed by Position	AT DATE CANNOT 7th for a full refund	BE GUARANTEE Refunds after tha	D. If w at date o	e are not going to n are at the discretion	
							1
Please print a Attn: Max Mullinix 22603 Northcrest [Spring, TX 77389		with payment to:	If you prefer to pay by credit card, please email this form to <u>maxmullinix@gmail.com</u> . MasterCard VISA Discover AMEX				
Email: <u>Mullinix@qn</u> Phone: 404-909-6 Call for fax							
				/ C'			
			All credit card tr	ansactions may be cha	arged add	litional fees.	1