



Richmond 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 _____ 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)

We understand the cost for practice to be \$60 per hour with a 50% down payment to be submitted to the practice site chairperson by February 8th. PRACTICE TIME AFTER THAT DATE CANNOT BE GUARANTEED. If we are not going to need the facilities, we will contact the chairperson prior to February 8th 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: **Powhatan Band Boosters, Inc.**

Signed by _____

Position _____

Please print this form and mail with deposit to:

Powhatan High School
Attn: Neil Landini/Band Room
1800 Judes Ferry Road
Powhatan, VA 23139

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