



**Austin 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 \$55 per hour with a 50% down payment to be submitted to the practice site chairperson by February 8<sup>th</sup>. 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 8<sup>th</sup> 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: **Rouse HS Band Boosters**

Signed by \_\_\_\_\_

Position \_\_\_\_\_

**Please Print this form and Send to**

Rouse High School  
Attn: Jen Barton/Band Office  
1222 Raider Way  
Leander, TX 78641

Phone: 512-570-2057  
Fax: 512-570-2005  
Email questions: [colorguard@rouseband.org](mailto:colorguard@rouseband.org)