



Troy PW 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: Please contact Gina Miller (ginamillertabb@gmail.com)

Deadline for submissions: January 21st

Make checks payable to: **TABB**

Signed by _____

Position _____

Please Print this form and Send to

Troy Athens High School – Attn Band Boosters President
4333 John R Road
Troy, MI 48085

Phone: 248-703-1355
Email questions / pricing: ginamillertabb@gmail.com