



### Houston Color Guard Regional Practice Site Contract

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Group Name Class

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Person to receive correspondence

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Address

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City, State, Zip

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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 **\$50 per hour with a 50% down payment** to be submitted to the practice site chairperson by **January 18<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 **January 12<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: **Klein Oak Band Boosters**

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

Position \_\_\_\_\_

**Please print and mail with payment to:**

Attn: Max Mullinix/Todd Clearwater  
22603 Northcrest Drive  
Spring, TX 77389

Email: [Mullinix@gmail.com](mailto:Mullinix@gmail.com)  
Phone: 404-909-6791  
Call for fax

If you prefer to pay by credit card, please email this form to [maxmullinix@gmail.com](mailto:maxmullinix@gmail.com).

MasterCard    VISA    Discover    AMEX

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp Date \_\_\_\_/\_\_\_\_/\_\_\_\_    CVV \_\_\_\_

All credit card transactions may be charged additional fees.