



Charlotte 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 **\$100 per hour with a 50% down payment** to be submitted to the practice site chairperson by **January 27th. 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 27th** 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: **CWEA**

Signed by _____

Position _____

Please Print this form and Send to

CWEA Indoor
Attn: Event Manager
PO Box 3614
Rock Hill, SC 29732

Phone: 850-619-2707
Email questions: ashe@cweaindoor.org

If you prefer to pay by credit card, please email this form to ashe@cweaindoor.org.

MasterCard VISA Discover AMEX

_____ - _____ - _____ - _____

Exp Date ____/____ CVV ____

All credit card transactions may be charged additional fees.