

## **LIGHT USAGE**

| By signing this form, | I agree to | pay the | \$30 light | fee usage | for my |
|-----------------------|------------|---------|------------|-----------|--------|
| practice.             |            |         |            |           |        |

| Print team name: |       |
|------------------|-------|
| Applicant:       | Date: |
| DTDD C+aff       | Dato  |