

HILLCREST CENTER FOR THE ARTS
CHORUS PROGRAM
403 WEST HILCREST DRIVE
THOUSAND OAKS, CA, 91360
(805) 381-2747 · FAX 805-370-1341

CHORUS PROGRAM –MARCIA WALDMAN CHORUSES

PAYMENT PLAN AGREEMENT – SPRING SEMESTER 2005

SCHOOL: _____ CHORUS INSTRUCTOR: _____

PARENT/GUARDIAN NAME: _____

STUDENT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAY PHONE # _____ EVE PHONE # _____

The tuition due for each student is \$ 62.00 and I agree to pay the entire amount, and I elect to make the minimum payments as follows:

\$ ____ (\$21.00 Minimum) on January 1, 2010
\$ ____ (\$21.00 Minimum) on February 1, 2010
\$ ____ (\$21.00 Minimum) on March 1, 2010

I understand that even one late payment will accelerate the payment schedule so that the full balance will become due immediately.

AGREED AND ACCEPTED:

Parent/Guardian Signature

Date