

**HILLCREST CENTER FOR THE ARTS
INSTRUMENTAL MUSIC PROGRAM
403 WEST HILLCREST DRIVE
THOUSAND OAKS, CA 91360
(805) 31-2747; FAX (805) 370-1341**

PAYMENT PLAN AGREEMENT – SPRING SEMESTER 2009-2010

PAYMENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

DAY PHONE NO.: _____ EVE. PHONE NO.: _____

Email Address: _____

STUDENT NAME: _____

SCHOOL: _____ MUSIC INSTRUCTOR: _____

The Tuition due for each student is \$165.00. I agree to pay the entire \$165.00 and I elect to make payments as follows:

PAYMENT PLAN:

All checks should be made payable to the Arts Council Center and sent to our office. We accept AMERICAN EXPRESS, MASTERCARD, and VISA.

<u>PAYMENT #</u>	<u>PAYMENT</u>	<u>DATE</u>
<u>#1</u>	<u>\$41.25</u>	<u>2-1-10</u>
<u>#2</u>	<u>\$41.25</u>	<u>3-1-10</u>
<u>#3</u>	<u>\$41.25</u>	<u>4-1-10</u>
<u>#4</u>	<u>\$41.25</u>	<u>5-1-10</u>

I agree to be responsible for the entire amount listed above, and I agree to make payments according to the schedule listed above. I understand that it is my responsibility to make these payments by the due dates with or without a reminder notice.

AGREED:

Parent/Guardian

Date