

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

**CHORUS PROGRAM -
PAYMENT PLAN AGREEMENT – SPRING SEMESTER 2009-2010**

PAYMENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

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

STUDENT NAME: _____

SCHOOL: _____ MUSIC INSTRUCTOR: _____

The Tuition due for each student is. I agree to pay the entire \$90.00 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 by calling us at 805-381-2747.

PAYMENT #	PAYMENT	DATE
#1	\$22.50	2-1-10
#2	\$22.50	3-1-10
#3	\$22.50	4-1-10
#4	\$22.50	5-1-10

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