

ATHENS *Youth* SYMPHONY

Extended Payment Request

SYMPHONY

Please print legibly or type:

Musician Name:

Grade Fall 2019:

Instrument:

Address:

City/State:

Zip:

Phone:

Email:

I hereby request an extended payment schedule as outlined below for the following amount of annual tuition:

\$ _____ (Amount you are unable to pay by the first rehearsal)

Please attach any information that you wish to be considered to support this request to this form.

I request a payment schedule as follows:

Payment Date:

Amount to be paid: \$ _____

Payment Date:

Amount to be paid: \$ _____

Payment Date:

Amount to be paid: \$ _____

Fees must be paid in FULL by Friday, November 1, 2019.

If financial assistance is needed, then the Financial Assistance Application must be full completed and returned to the AYS office by August 24, 2019.

Signature of Parent/Guardian: _____

Date: _____

**Payments/requests are due on or before the student's first rehearsal to: AYS PO Box 415 Athens, GA 30603-0415
Or email your request to president@AthensYouthSymphony.org**

For Office Use:

Date received:

Amount paid to date:

Maintained payment schedule in prior year:

Paid entire amount owed last year:

Approval: As requested:

As modified:

Acceptance:

Date: