

EXTENDED PAYMENT REQUEST FORM
ATHENS YOUTH SYMPHONY, INC.

PRINT

Musician Name _____
Instrument _____ Grade Fall 2018 _____
Street Address _____
City State Zip _____
Telephone # _____
Email _____

I hereby request an extended payment schedule as outlined below for the following amount of annual tuition \$_____ (the amount you are unable to pay by the first rehearsal)

(Any information that I wish to be considered to support this request is detailed on the reverse side of 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 2, 2018.

If financial assistance is needed then the "Financial Assistance Application" must be fully completed and returned to the AYS office by September 14, 2018.

Signature of Parent/Guardian: _____
Date _____

Payments/requests are due on or before the student's first rehearsal to:

AYS
P.O. Box 415
Athens, GA 30603-0415

Or emailed to President@AthensYouthSymphony.org

For internal office use only:

Date received _____ Amount paid to date _____

Maintained payment schedule in prior year: _____

Paid entire amount owed last year: _____

Approval: As requested _____ As modified _____

Acceptance /s/ _____ Date _____