

**EXTENDED PAYMENT REQUEST FORM**  
**ATHENS YOUTH SYMPHONY, INC.**

**PRINT**

Musician Name \_\_\_\_\_  
Instrument \_\_\_\_\_ Grade Fall 2021 \_\_\_\_\_  
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 28, 2021.**

If financial assistance is needed then the "Financial Assistance Application" must be fully completed and returned to the AYS office by September 20, 2021.

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](mailto:President@AthensYouthSymphony.org)

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**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 \_\_\_\_\_