

ARAPAHOE BAND BOOSTERS
REQUEST FOR PAYMENT PLAN

To arrange payments for your band fees fill out the form below and return it to the band treasurer.
Please note: we also accept Visa and MasterCard for payments for a small fee.

Student: _____
Grade: _____ Bands: _____
Parent/Guardian: _____
Address: _____
Phone: _____ Email: _____

I would like to make payments on the following fees:

\$ _____	_____
\$ _____	_____
\$ _____	_____
(Amount)	(Description/Purpose of fees)

I would like to make payments on the following plan (select one)

Option 1: Three month plan

Month 1: _____ Amount due: _____
Month 2: _____ Amount due: _____
Month 3: _____ Amount due: _____
Total Due: _____

Option 2: Six month plan

Month 1: _____ Amount due: _____
Month 2: _____ Amount due: _____
Month 3: _____ Amount due: _____
Month 4: _____ Amount due: _____
Month 5: _____ Amount due: _____
Month 6: _____ Amount due: _____
Total Due: _____

Option 3: Other _____

I understand that all payments must be made by the 10th of each month. I also understand all fees must be paid in full no later than May 1, 2009 or my student will be turned over to the school for collections.

(Parent/Guardian Signature)

(Date)

Request may be mailed to ABB, P.O. Box 2612, Littleton CO 80122 or given to the ABB Treasurer.