AWANA Payment Plan Form

Parent/Guardian Name: ____

Parent/Guardian Best Contact Number: ____

Name(s) of clubber(s) you need payment plan for:

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I agree to make payments of $__________ each week/month until my balance is paid in full. This balance will be paid in full on or before the last Wednesday before Spring Break.

Parent/Guardian Signature: _________________________________ Date: __________________

Payment Amount	Date Received	Cash or Check#	Received By	Balance Due