AWANA Payment Plan Form

Parent/Guardian Name: ______

Parent/Guardian Best Contact Number: _____

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

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