



KENNEBUNK PARKS & RECREATION DEPARTMENT PAYMENT PLAN FORM

PARENT/GUARDIAN _____

ADDRESS _____

PHONE # _____ EMAIL _____

PARTICIPANT NAME	NAME OF PROGRAM	PROGRAM FEE

PAYMENT PLAN SCHEDULE (OFFICE USE ONLY)

$$\begin{array}{rcccl}
 \$ \underline{\hspace{2cm}} & - & \$ \underline{\hspace{2cm}} & = & \$ \underline{\hspace{2cm}} \\
 \text{Program(s) Total} & & \text{Scholarship} & & \text{Balance Due}
 \end{array}$$

Payment Due Date	Amount	Balance	Payment Received

All payments must be made in full before the program begins or by the agreed-upon due date. Failure to do so will result in the participant(s) being unable to take part in the program.

By signing below, I acknowledge and accept full responsibility for the agreed-upon payments and the terms outlined above. I understand that failure to make payments may result in the suspension of participation in all recreation programs and activities until my account is brought up to date.

Participant-Parent/Guardian Signature _____ *Date* _____

Recreation Director or Designee _____ *Date* _____