



the young company

# PAYMENT PLAN REQUEST FORM

STUDENT'S LAST NAME

STUDENT'S FIRST NAME

PARENT(S)/GUARDIAN(S) LAST NAME

PARENT(S)/GUARDIAN(S) FIRST NAME

STREET ADDRESS

CITY/STATE/ZIP

PREFERRED PHONE NUMBER (PLEASE INDICATE CELL, HOME, OR WORK)

PREFERRED E-MAIL ADDRESS

TITLE OF RELATED CLASS/WORKSHOP/LESSON

**THE TOTAL TUITION OWED FOR THE STUDENT'S CLASS/WORKSHOP/LESSON IS: \$**

| PAYMENT #            | Planned Date of Payment | Planned Amount of Payment |
|----------------------|-------------------------|---------------------------|
| 1                    |                         |                           |
| 2                    |                         |                           |
| 3                    |                         |                           |
| 4                    |                         |                           |
| <b>TOTAL AMOUNT:</b> |                         |                           |

SIGNATURE OF PARENT/GUARDIAN

DATE

SIGNATURE OF MANAGING DIRECTOR

DATE

Parents will be notified when approval has been given. In addition to payment plans, financial aid is available. Please contact Amy Flack, Managing Director, at 781-587-7918 or [financialaid@stonehamtheatre.org](mailto:financialaid@stonehamtheatre.org) with questions.

**SEND THIS FORM TO**  
Amy Flack, Managing Director  
Stoneham Theatre  
395 Main Street  
Stoneham, MA 02180

**OR**

[financialaid@stonehamtheatre.org](mailto:financialaid@stonehamtheatre.org)