



PAYMENT PLAN 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		
TOTAL AMOUNT:		

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 Morin, Managing Director, at 781-587-7918 or financialaid@greaterbostonstage.org with questions.

SEND THIS FORM TO
Amy Morin, Managing Director
Greater Boston Stage Company
395 Main Street
Stoneham, MA 02180

OR

financialaid@greaterbostonstage.org