STEP IT UP DANCE COOPERATIVE

PAYMENT PLAN AGREEMENT

PARENT NAME(S): _____

DANCER NAMES(S): _____

ADDRESS: _____

EMAIL: _____

PHONE NUMBER: _____

I, the undersigned, agree to make payments on the specified dates and the agreed amounts stated on the payment schedule below to Step It Up Dance Cooperative. I understand the consequences of not adhering to this agreement could include my dancer(s) not being allowed to participate in competitions, yearend recital, and /or club activities, as well as not being able to register my dancer in future years and/or my account being turned over to a collection agency.

Total amount owed (beginning balance) …… $_____

Payment Date	Payment Amount	Balance
October 1, 2020		
November 1, 2020		
December 1, 2020		
January 1, 2021		
February 1, 2021		
March 1, 2021		
April 1, 2021		

I agree that the above schedule of payments is an acceptable resolution to help retire my debt with Step It Up Dance Cooperative, and I will remain current with this payment plan.

_____ _____ _____ _____

Parent Signature Date Step It Up Dance Treasurer Date