



STEP IT UP DANCE COOPERATIVE LIMITED PAYMENT PLAN AGREEMENT.

Parent Name (s): _____

Dancer Name (s): _____

Address: _____

Email: _____

Phone Number: _____

I, the undersigned, agree to make payments on the specified dates and the agree amounts stated on the payment schedule below to Step It Up Dance Cooperative LTD. I understand the consequences of not adhering to this agreement could include my dancer(s) not being allowed to participate in competitions, year-end 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, 2023		
November 1, 2023		
December 1, 2023		
January 1, 2024		
February 1, 2024		
March 1, 2024		
April 1, 2024		

I agree that the above schedule of payments is an acceptable resolution to help retire my debt with Step It Up Dance Cooperative Ltd and that the balance will be paid in full on April 1 st, 2024.

Parent Signature _____ Date _____

Step it Up Dance Treasurer _____ Date _____