



# CITY OF PEABODY

Recreation, Park and Forestry Department  
 50 Farm Avenue, Peabody, MA 01960  
 (978)536-7130

## Program Payment Plan Agreement

**Parent or Guardian Information :**

Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to participants: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Participant (s) Information

Last Name	First Name	Program Name	Programs Dates	FEE
<b>TOTAL PROGRAM FEES</b>				

### Payment information

Date Payment	Amount	Date Payment	Amount

**Credit Card Information:**

Master Card: \_\_\_\_\_ Visa: \_\_\_\_\_

American Express: \_\_\_\_\_ Discover: \_\_\_\_\_

Name on card: \_\_\_\_\_

# \_\_\_\_\_

Exp. \_\_\_\_/\_\_\_\_ (mm/year) CVC code: \_\_\_\_\_

### Agreement

I agree to the make all payments indicated above on said dates to the Peabody Recreation Department. I understand that if, for any reason, the payment agreement is not met, the participants enrolled will not be allowed to continue in the programs.

X \_\_\_\_\_  
Signature Date