



Nancy & Frederick DeMatteis
Arts
Academy

WESTHAMPTON BEACH PERFORMING ARTS CENTER

Arts Academy Payment Plan Agreement—Fall 2016

Please note that your child's participation in the program is not confirmed until this form has been received by WHBPAC staff.

Date: _____

Student Name: _____

Parent Name: _____

Parent Email: _____

Parent Phone Number: _____

Camp/Class Name: _____

Initial Payment Amount: _____ Initial Payment Date: _____

Subsequent Payments & Dates: _____

I hereby adhere to the outlined payment plan, and will make payments on the dates listed above.

Parent Signature: _____

Date: _____

WHBPAC Staff: _____

Date: _____

Future payments can be made directly by calling Cheryl Wheeler, Director of Sales at (631) 288-2350 ext 102. Payments can also be dropped off in the WHBPAC Arts Academy Payment Box at the Front Desk. If a change to this payment plan has to be made, please contact Cheryl directly.

Contact Information:

Cheryl Wheeler, Director of Sales
CherylW@whbpac.org
(631) 288-2350 ext 102

Marissa Russo, Arts Education Manager
MarissaR@whbpac.org
(631) 288-2350 ext 112

Please keep a copy of this form for your records.

Please return this form to: 76 Main Street, Westhampton Beach, NY 11978 or by email MarissaR@whbpac.org