

Gregory S. Dingwall, Ed. S., Director

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Livingston Academy Band

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Payment Agreement:

This agreement is between the LA Band Program and named student and parents. The parties listed below agree to make regular payments of a designated amount on a,

1. weekly

2. bi-weekly

3. monthly

basis until student account is paid in full. We appreciate every effort to resolve this financial responsibility of the student and family in meeting the needs of the Band program. Please remember we are not a fee waivered class or activity.

Amount owed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of commitment to pay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Schedule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directors Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank You

Gregory S. Dingwall, Ed. S., Band Director

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_