



Price County 4-H Payment Plan Agreement



Date _____

Youth Name _____ Parent/Guardian name(s) _____

Total Amount Owed: \$ _____

For Event/Activity: _____

I, _____, agree to reimburse the Price County 4-H Leaders Association the total of \$ _____ for the above-referenced event as follows:

_____ x \$ _____ + \$ _____ = \$ _____
of payments amount of payment final payment total amount owed

Parent/Guardian Signature

4-H Treasurer Signature

4-H President Signature

Failure to satisfy payment plan may result in ineligibility for additional payment plans and may have legal ramifications

Please make checks out to Price County 4-H Leaders Association.

Payments should be sent to:
Price County 4-H Leaders Association
Attn: 4-H Youth Development Educator
104 S Eyder Ave
Normal Building, Room 240
Phillips, WI 54555

**Payment plans will be kept confidential to the extent they are able for management and accountability.*