



CITY OF PEABODY

Recreation, Park and Forestry Department

50 Farm Avenue, Peabody, MA 01960

(978)536-7130

Program Payment Plan Agreement

First Name _____ Last Name _____ Relationship to participants: _____

Street: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Participant Information

Last Name	First Name	Program Name	Programs Dates	FEE
TOTAL PROGRAM FEES				

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