



\_\_\_\_\_  
Last Name

## PAYMENT PLAN APPLICATION

Payment plans must be initiated and set up at the Recreation Department Office. Approved payment plans offer online payments, check or cash options.

### REQUEST FOR PAYMENT PLAN:

1. Fill out payment plan application and attach completed registration form
2. Submit to Westwood Recreation, 240 Nahatan Street, Westwood, MA 02090 (walk in or call for appointment 781-355-8098)
3. Approved applicants will then be registered for programs

### PLEASE PRINT

Date \_\_\_\_\_ Registration Form Submitted  yes  no

Applicant Name \_\_\_\_\_ Relationship to Participants \_\_\_\_\_

Preferred Number \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

### PARTICIPANTS

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Male or Female

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First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Male or Female

**PAYMENT PLAN SEASON**  *Winter 20*  *Spring 20*  *Summer 20*  *Fall 20*

**Method:**  Check  Cash  Online Credit Card Payment

**Payment Amount:** \$ \_\_\_\_\_ **Terms:**  Weekly  Monthly  Other \_\_\_\_\_

**Start Date:** \_\_\_\_\_

I \_\_\_\_\_ agree to the terms stated above. If for any reason I cannot fulfill this agreement, I will notify Taryn Crocker at 781-355-8098. I understand that if I do not honor this contract a hold will be placed on my account and will prevent registering for programs until the balance has been paid.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

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

### RECREATION OFFICE USE ONLY

	Payment	Payment	Payment	Payment	Payment
Invoice Notification/Date					
Amount	\$	\$	\$	\$	\$
Date Paid					
Payment Type					

