

YOUNG ARTISTS ENSEMBLE
403 W. HILLCREST DRIVE
THOUSAND OAKS, CA 91360
(805) 381-2747, FAX (805) 370-1341

Office Use
Pymt #1 _____
Rec# _____
Amt _____
Pymt #2 _____
Rec# _____
Amt _____

REQUEST FOR FINANCIAL ASSISTANCE

We can offer either a payment schedule or waiver of fees.

DATE: _____

PARTICIPANT NAME: _____

SHOW TITLE: _____

We can offer either: 1. Payment Schedule or 2. Waiver of Fees.
Please choose one of the options below.

___ **1. PAYMENT PLAN:**

* **PAYMENTS: Participant Fee: \$105 by the Parent/Cast Meeting (1/2 of the participant fee), AND \$105 by the show's opening date. Please make your check payable to the Arts Council of the Conejo Valley (ACCV).**

___ **2. FEE WAIVER: All or part of the fee may be waived.**

FEE WAIVER:

How much can you pay? _____

If you need time to make a payment, when can you pay the amount above? _____

I agree to the payment arrangement above.

Parent/Guardian

Date

Approved:

HCFA Staff

Date