

FINANCIAL AGREEMENT WITH RIDE WITH PRIDE OF VA

Dated: _____

Program Session (Please circle one): Spring Summer Fall

Student Name: _____

Student Address: _____

Party responsible for payment: _____

Name of Contact person (if other than parent) _____

Address of above person: _____

Phone number: _____

PO Number if applicable: _____

Parent/Guardian of student: _____

Mailing address of parent: _____

Phone number of parent: Home: _____ work: _____ cell: _____

This letter forms an agreement with Ride with Pride of VA and the Party responsible for payment. Ride with Pride of VA agrees to provide _____ classes to the student named during the summer session 2017 at a rate of \$_____ per session. All balances must be paid in full by the start of the lessons, unless different arrangements have been made with the Program Director and Treasurer in writing.

I, (parent/guardian) _____ of student _____ agree that if the above person responsible for payment does not pay within 30 days of invoicing, will be responsible and pay for any and all unpaid balances upon notification.

Party responsible for payment _____

Parent/Guardian _____

Ride With Pride Program Director _____

Dated: _____