

PAYMENT CALENDER

MEMBER/FAMILY NAME: _____

PAYMENT TYPE	AMOUNT DUE	DATE PAID
MEMBERSHIP		
COSTUME(S)		
RECITAL FEE		
SEPTEMBER		
OCTOBER		
NOVEMBER		
DECEMBER		
JANUARY		
FEBRUARY		
MARCH		
APRIL		
MAY		
FOR COMPANY MEMBERS		
HALLOWEEN ESCROW		
BALANCE HALLOWEEN		
CHRISTMAS ESCROW		
BALANCE CHRISTMAS		