

Southern Youth Theatre Ensemble
 PO Box 21
 PORT NOARLUNGA SA 5169
 P 08 8384 6744
 F 08 8326 5665
 www.syte.org.au
 syte@syte.org.au



APPLICATION TO PAY WORKSHOP FEES BY INSTALLMENTS

I _____ am applying for permission to pay the SYTE workshop fees amounting to \$_____ in installments. I understand that I must fit the requirements below.

1. I am unable to pay the workshop fees except by installments.
2. I understand that the Membership Fee cannot be paid for in installments, and must be paid upfront.
3. I propose the following terms for the payment of the Workshop Fee.

Participant Name (First)_____ (Family)_____
 Address_____ Postcode _____
 Workshop(s)_____ Term_____

Installment Schedule

You must pay a minimum of 20% per fortnight with no payments later than week 8.

For example: Jane Smith attends outtaSYTE at \$80 per term
 Jane pays \$16 prior to her first workshop
 Jane pays \$16 in week 2
 Jane pays \$16 in week 4
 Jane pays \$16 in week 6
 Jane pays \$16 in week 8

Term Fee _____
 Amount prior to first workshop _____
 Amount in week 2 _____
 Amount in week 4 _____
 Amount in week 6 _____
 Amount in week 8 _____
 Total: _____

 Name of Participant if over 18
 Name of Parent / Caregiver

 Signature of Participant if over 18
 Signature of Parent / Caregiver

 Date

Approved by Rebecca Johns
 Executive Officer

 Date

