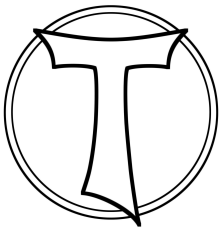

Neil Armstrong Middle School
Payment Arrangement

Date: _____

Student Name: _____ Student ID #: _____

Sport: _____

Amount: _____

_____ I agree to make payments of $_____ per month for _____ months.

_____ I am unable to pay today but will make payment by _____.

_____ I am asking this fee to be waived. The reason is:

_____

_____

_____

This is a contract between the parent/guardian and the school. If at any time I default on a payment I understand that my student's account will be charged. I understand that at any time I am unable to make my payment that I will contact the Neil Armstrong Athletic Department.

_____ _____
Parent/Guardian Date

_____ _____
NAMS Athletic Secretary or Athletic Director Date