



**Agreement**

**District/School Information:**

District/School Name: \_\_\_\_\_  
Contact/ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
FAX number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**Payment amount is based upon previous year's enrollment in accordance with the Fee Schedule (attached).**

2016-2017 Enrollment: \_\_\_\_\_ = \_\_\_\_\_ (Total Amount Due)  
Based upon Fee Schedule

**Please read and initial boxes:**

I agree to pay \$\_\_\_\_\_ on or before **October 1, 2017**  
(Total Amount Due based upon Fee Schedule)

I understand that this agreement is **binding** and may not be revised.

**Please select method of payment:**

We have enclosed our check in the amount of \$\_\_\_\_\_, made payable to  
Walton Arts Center.

**OR**

Please direct an invoice in the amount of \$\_\_\_\_\_ to: \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**Thank you for your participation in  
Walton Arts Center's Colgate Classroom Series!**  
Need help or additional information? Call (479) 571-2743  
or e-mail [mbarker@waltonartscenter.org](mailto:mbarker@waltonartscenter.org).

Please send completed form to: Walton Arts Center  
ATTN: Schools Services Specialist  
PO Box 3547  
Fayetteville, AR 72702