TRIPS Extended Payment Plan Agreement 2013-2014

This payment agreement is between _____
(print name)

and St. Norbert College TRIPS program. The above stated participant agrees to have the full

payment of $_____ for the trip to _____
(trip social issue)

by no later than Monday, December 2, 2013.

If any payments are late, his/her participation on the trip may be terminated and any deposits made will **NOT** be refunded.

The participant listed above agrees to the non-refundable payments on the following dates:

Date Thurs, Oct 10 Amount _____

Date Tues, Oct 15 Amount _____

Date Fri, Nov 1 Amount _____

Date Fri, Nov 15 Amount _____

Date Mon, Dec 2 Amount _____

For office use only:
*Date/Amount:*_____

*Date/Amount:*_____

*Date/Amount:*_____

*Date/Amount:*_____

*Date/Amount:*_____

By signing this form, I am agreeing to the above detailed terms of this extended payment agreement.

_____ _____ _____ _____
Participant Signature **Date** **SNC Employee Signature** **Date**

Payments are due to the Sturzl Center for Community Service & Learning (physical address: Todd Wehr Hall M36; mailing address: 100 Grant Street, De Pere, WI 54115).

Make your check payable to "St. Norbert College TRIPS" with the trip social issue in the memo line.

This completed form will be scanned and emailed to you.

Revised 10/10/13