



**School Performance
Payment Agreement**

(required if payment cannot be made 4 weeks prior to performance)

School: _____ Teacher's Name: _____

Phone: _____ Fax: _____

E-mail address: _____

Event Name: _____

Event Date: _____ Event Time: _____ Order Number: _____

Number of seats reserved: _____ x \$ _____ per seat = _____
(Total Amount Due)

\$5 Arts Partners (unless otherwise noted)
\$10 Non-Partners

Please read and initial boxes

I agree to pay \$ _____ before the event.
(Total Amount Due)

I understand that this agreement is **final** and may not be revised, and that this agreement will hold seats that I have reserved for the event indicated above.

Please state the date you expect the payment will be made by:

Signature

Date

Title

**Thank you for your support of
Walton Arts Center's School Performances!**

Need help or additional information? Call (479) 571-2743

Or e-mail mbarker@waltonartscenter.org.

Please send completed form to: Walton Arts Center
ATTN: Schools Services Specialist
PO Box 3547
Fayetteville, AR 72702
OR FAX to: (479)443-9024