



Mid-Valley Prelude Sinfonia  
Nancy Koll  
Board Chair  
937 5th Avenue SW  
Albany, OR 97321  
(541) 812-1180

## Tuition Payment Plan Agreement

Student Name \_\_\_\_\_

Class (include school and level) \_\_\_\_\_

Session (Fall, Spring, or entire year) \_\_\_\_\_

This is to document that \_\_\_\_\_ (parent name), parent of  
MVPS student \_\_\_\_\_ (student name), agrees to the tuition  
payment plan below. **The total cost must be paid in full by the end of the class/orchestra  
session.** Submit payment to the MVPS class teacher or mail to:

Mid-Valley Prelude Sinfonia, 937 5<sup>th</sup> Ave. SW, Albany, OR 97321.

Total Amount Owed: \$ \_\_\_\_\_

Fall Session		Spring Session	
October	\$ _____	February	\$ _____
November	\$ _____	March	\$ _____
December	\$ _____	April	\$ _____
January	\$ _____	May	\$ _____

**\*\*\*Payment is due on or before the last day of each month.\*\*\***

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date