



# 4-H Payment Plan Agreement



Date \_\_\_\_\_

Youth Name \_\_\_\_\_ Parent/Guardian Name(s) \_\_\_\_\_

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

For Event/Activity: \_\_\_\_\_

I, \_\_\_\_\_, agree to reimburse Jackson County 4-H Parents & Leaders Association the total of \$ \_\_\_\_\_ for the above-referenced event as follows:

\_\_\_\_\_ x \$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
# of payments    amount of payment    final payment    total amount owed

Parent/Guardian Signature

4-H Treasurer Signature

\_\_\_\_\_

\_\_\_\_\_

\*Failure to satisfy payment plan may result in ineligibility for additional payment plans\*

Please make checks out to Jackson County 4-H Parents & Leaders Association.

Payments should be sent to:  
Jackson County 4-H Parents & Leaders Association  
Attn: 4-H Treasurer  
227 South 11<sup>th</sup> Street  
Black River Falls, WI 54615