



Krewe of Eve

P.O. Box 967

Mandeville, Louisiana 70470-0967

THROW PAYMENT PLAN 2018

Name: _____ Date: _____

Float Lieutenant: _____ Phone: _____

Email: _____

I, the undersigned member, agree to make payments on the specified dates and the agreed amounts stated on the payment schedule below. I understand that there are **NO REFUNDS**. Only cash or check will be accepted. Please make checks payable to the Krewe of Eve and mail to PO BOX 967, Mandeville, LA 70470

My order totals \$ _____

Divide payments into 50% (first payment) 25% (second and third payment)

% Due	Due date	Amount Due	Admin Fee	Amount Paid
50%	7-25-2018		\$10.00	
25%	9-15-2018			
25%	10-15-2018			

I have read this document, or it has been read and explained to me and I understand fully and completely all of the terms.

Signature _____ Date _____