Krewe of Eve



P.O. Box 967

Mandeville, Louisiana 70470-0967

**THROW PAYMENT PLAN 2019**

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% | 7-24-2019 |  | $10.00 |  |
| 25% | 9-15-2019 |  |  |  |
| 25% | 10-15-2019 |  |  |  |

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_