



DocRockerMusic.com

570-926-5522

- Revised September, 2019 -

PAYMENT AGREEMENT

CLIENT'S NAME

LESSON PACK

START DATE

END DATE

INSTALLMENT AMOUNT

I, (PRINT NAME: _____),
AGREE TO BEGIN/RESUME LESSONS AND MAKE PAYMENTS ACCORDING TO THE LESSON PACK LISTED ABOVE WITH
DOCROCKER MUSIC ACADEMY FOR THE DURATION OF THE TERM OF CONTRACT, UNLESS AMENDMENTS AND/OR REVISIONS
ARE MADE TO THE LESSON AGREEMENT AT A LATER DATE.

STUDENT'S PARENT/ LEGAL GUARDIAN:

DOCROCKER MUSIC ACADEMY, LLC

(SIGNATURE)

(PRINT NAME)

(DATE)

DANTON ARLOTTO
ACADEMY DIRECTOR, OWNER
PO BOX 84
EXTON, PA 19341
DOCROCKERMUSIC@GMAIL.COM

