

Oxford Township Parks and Recreation

2795 Seymour Lake Road Oxford, Michigan 48371

Phone: (248) 628-1720 Fax: (248) 628-1854

INVOICE ====

Attn: Lauren

Please complete all of the information below for quickest processing.

To be filled out at the end of the class for payment.

Paymen	t To:		
Name		Today's Date	
Address		Season	
City	State ZIP	(ex. Winter, Fa	all, Spring/Summer
Phone		Tax I.D. #	
Column 1	Column 2	Column 3	Column 4
Participants	Class Information Include Class Dates, and Session Number (ex. 1 of 2)	Due Per Person to Instructor	TOTAL (Column 1 x Column 3)
	Class Name:		
	Start Date:		
	End Date:		
	Session: of		
	Class Name:		
	Start Date:		
	End Date:		
	Session: of		
The selection of a	r your service to Oxford Township Parks and Recreation	TOTAL	\$

Please mail, fax, or deliver to the Parks and Recreation Department at the end of class. Payments will not be processed until this form or other approved invoice is submitted. If you have any questions, please contact me in the office at (248) 628-1720. Thank you.

"We create community through people, parks and programs."