



Payment Plan Agreement

Student Information:

Student Name:			Address:		
City:	State:	Zip:	Email:		
Home Phone #:			Cell #:		

Responsible Party's Information:

Name:			Address:		
City:	State:	Zip:	Email:		
Home Phone #:			Cell #:		

Make your TALIT Nation program choices:

Three Retreat Package (applications must be submitted by 7/01/14 to receive early bird fee with minimum initial payment of \$250.00.)	\$975	\$
2 Retreat Package	\$750	\$
9th Grade Initiation fee* (to be paid only if you're not a member of the listed agencies)	\$340	\$
Two Overnight Package	\$200	\$
One Overnight Package	\$125	\$
Advanced Camp Leadership - ACL	\$350	\$
Young Philanthropy	\$36	\$
Jewbilation Pre-Pay Package (save \$5 on each Saturday Night Social)	\$60	\$
		\$
Total Cost of TALIT Nation program choices:	\$	

Desired Payment Plan - All fees must be paid by May 15, 2015

☐ Post Dated Checks (Checks must accompany this signed form) Preferred Monthly Charge Date
☐ Automatic Monthly Charge ☐ Visa or ☐ MasterCard ☐ 1st or ☐ 15th of month
 (The monthly charge amount needs to be the same each month.) Monthly Amount: \$

Cardholder's Name:		
Card Number:	Exp. Date:	
Cardholder's Address:		
City:	ST:	Zip:
Cardholder's Signature:		

I, the undersigned, agree to make the specified payments to the Orange County Bureau of Jewish Education. I understand that failure to pay can result in one or all of the following penalties: account being turned over for collection, expulsion from the program, and/or prosecution in a small claims court. I agree to pay any fees and costs that the Bureau incurs while collecting my past due balance, as well as a competitive interest rate on the amount owed.

Signature

Date

Please mail to: 1 Federation Way • Suite 205 • Irvine • CA • 92603 Fax to: 949.435.3456 or Scan to: sheri@bjeoc.org