

Fashionetta® Honors Debutante Program



Payment Arrangement Form

I, _____ hereby request to arrange a payment plan with the Fashionetta® Committee of the Theta Chi Omega Chapter of Alpha Kappa Alpha Sorority Inc.®

I agree to pay:

\$ _____ in _____ installments

before the Fashionetta® Honors Debutante Gala March 24, 2024.

I acknowledge failure to adhere to the above agreement without prior communication and documentation may result in the dismissal of my child from the program.

x _____

x _____

Parent Signature

Chairman Signature

Date

Date