



**Contract for money owing to Ortho-Bionomy Instructors**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

Class \_\_\_\_\_

Instructor \_\_\_\_\_

Amount Paid \_\_\_\_\_

Amount Due \_\_\_\_\_

To be paid in full by \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

**Declaration**

I \_\_\_\_\_ agree to pay \$ \_\_\_\_\_

by \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

Signature \_\_\_\_\_

Instructor Signature \_\_\_\_\_

Witness Signature \_\_\_\_\_

Witness name (print) \_\_\_\_\_