



Georgetown Divide Recreation District

Request for Payment

Mailing Address: P.O. Box 1418, Georgetown, CA 95634

Office Location: 5020 Ellinghouse Drive, Suite G, Cool, CA 95614

Request for Payment for Contracted Services

Instructor/Business Name: _____	Date: _____	
Address: _____		
City, State, ZIP: _____		
Home Phone: _____	Work Phone: _____	FAX: _____
E-Mail: _____		

Course Information				
Class Title: _____	Activity #: _____			
Start Date: _____	End Date: _____	Time: _____	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Number of Participants: _____				
Number of No-shows/Cancelled Registrants: _____				
Actual Number in Attendance: _____				
Instructor Signature _____		Date _____		
GDRD Staff Signature _____		Date _____		