

Exhibit "H" - Payout Form

Program :				Instructor:			
Days:							
Session Begins:		Ends:					
Start Time:		End Time:		Facility:			
Resident Fee:		Non-Resident Fee:					
**14 business days after end of program							

	Last	First	Res.	Non-Res 20% Sur	XX%City	XX% Ins		Last	First	Res.	Non-Res 20% Sur	XX%City	XX% Ins
1					\$ -	\$ -	24					\$ -	\$ -
2					\$ -	\$ -	25					\$ -	\$ -
3					\$ -	\$ -	26					\$ -	\$ -
4					\$ -	\$ -	28					\$ -	\$ -
5					\$ -	\$ -	29					\$ -	\$ -
6					\$ -	\$ -	31					\$ -	\$ -
7					\$ -	\$ -	32					\$ -	\$ -
8					\$ -	\$ -	33					\$ -	\$ -
9					\$ -	\$ -	34					\$ -	\$ -
10					\$ -	\$ -	35					\$ -	\$ -
11					\$ -	\$ -	36					\$ -	\$ -
12					\$ -	\$ -	37					\$ -	\$ -
13					\$ -	\$ -	38					\$ -	\$ -
14					\$ -	\$ -	39					\$ -	\$ -
15					\$ -	\$ -	40					\$ -	\$ -
16					\$ -	\$ -	41					\$ -	\$ -
17					\$ -	\$ -	42					\$ -	\$ -
TOTALS			0.00	0.00	0.00	0.00					\$ -	\$ -	\$ -

Total Registered _____

Total Collected-Residents: 0.00
 Total Collected-NonRes. Surcharge: 0.00
 Grand Total Collected 0.00

Amount to City
 (30%)+ 20%
 Surcharge 0.00
Amount to Instructor (XX%) 0.00

Received by Admin on : _____
 Park Supervisor Signature: _____

**** Highlighted names identify pro-ration**