



### ESYO PRIVATE LESSON SCHOLARSHIP BILLING FORM

Dear Private Lesson Instructors, Please fill out and this billing form and submit it **by the 10th of each month** for the previous month of lessons. For example, November's lesson bill needs to be received by December 10th. Thank you for submitting these forms in a timely manner **every month** so your student can continue receiving their scholarship from ESYO. **If forms are not received within 30 days after the due date, scholarship payment for that month could be jeopardized!**

Private Teacher Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Phone \_\_\_\_\_ Email \_\_\_\_\_

#### Lesson Information

Student Name \_\_\_\_\_

Month/Year \_\_\_\_\_

#### Length of Lesson:

Lesson Dates	1. _____	<input type="checkbox"/> ½ hr	<input type="checkbox"/> 45 min	<input type="checkbox"/> 1 hr+
	2. _____	<input type="checkbox"/> ½ hr	<input type="checkbox"/> 45 min	<input type="checkbox"/> 1 hr+
	3. _____	<input type="checkbox"/> ½ hr	<input type="checkbox"/> 45 min	<input type="checkbox"/> 1 hr+
	4. _____	<input type="checkbox"/> ½ hr	<input type="checkbox"/> 45 min	<input type="checkbox"/> 1 hr+
	5. _____	<input type="checkbox"/> ½ hr	<input type="checkbox"/> 45 min	<input type="checkbox"/> 1 hr+

*ESYO cannot reimburse instructors for missed lessons. Please only bill for lessons attended.*

**Total # Lessons:** \_\_\_\_\_ x \$25 = \$ \_\_\_\_\_ (maximum 5 lessons per month)

Teacher Signature \_\_\_\_\_ Date Submitted \_\_\_\_\_  
(not required if submitting electronically)

**Please Return to:** Eugene-Springfield Youth Orchestras  
PO Box 5666  
Eugene, OR 97405  
Email: office@esyorchestras.org

**\*\*\* REMEMBER: This form is due in our office by the 10<sup>TH</sup> of EACH MONTH \*\*\***

**Your student's parent must also submit a separate form by the 10<sup>th</sup>.  
When both forms are received, payment will made.**

Please call the ESYO office at 541-484-0473 if you have any questions. Thank you!