

LESSON REQUEST FORM (filled out by parent, not the company)

This form is used only when SOH pays the instructor directly from your funding. An **ORIGINAL INVOICE** must be submitted by the Company or Instructor after the Purchase Order number has been issued.

- A. Parent' Name: _____
- B. Student Name: _____ Grade: _____

- C. Type of Lessons: _____
 Type of Membership/Pass: _____
- D. Company Name: _____
 Company Address: _____
 _____ Postal Code: _____
- Contact Name: _____
 Phone: () _____ Fax: () _____
 GST Number: _____
- E. Lesson Dates: From: _____ to _____

TOTAL COST:

\$ _____

\$ _____

**Please indicate any GST charged.*

Please remember that the purchase order procedure does take time. Please fill in this form as accurately as possible and submit it to the office in advance of the program's start date to: **donna.reeds@ecacs16.ab.ca**
 You will receive a confirmation email once lessons have been approved.

The cutoff date for Purchase Orders is May 31.

 Parent Signature

 Date