

W.E.S.T.

Wyoming Educators of Secondary Theatre

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Ein: 27-1953679

INVOICE

(FALL CONFERENCE – STATE DRAMA RULES CLINIC 2016)

Date: _____

Name(s): _____

School: _____

School District: _____

Billing Address: _____

Membership Fee: \$25/person # _____ x \$25.00 = \$ _____

Conference Fee: \$95/person # _____ x \$95.00 = \$ _____

TOTAL AMOUNT DUE: \$ _____

Method of payment

Cash \$ _____

Check # _____ Amount \$ _____

Voucher # _____ Amount \$ _____

WEST Member Signature _____

WEST Treasurer :

