



LAKEWOOD CITY SCHOOLS
COMMUNITY
RECREATION & EDUCATION
DEPARTMENT

Instructor Invoice

Program(s):

Amount Due:

Total Due:

Instructor Please Complete:

Please Make Check Payable to: _____

Address: _____

Signed: _____ Date: _____

Please Mail to:

Lakewood Community Recreation and Education Department
Attention: Ralph Lundberg
14100 Franklin Blvd.
Lakewood, OH 44107

Fax or Email to:

Fax: (216) 529-4464 Attention: Ralph Lundberg, Email: ralph.lundberg@lakewoodcityschools.org

*Please complete and return to Lakewood Community Recreation and Education Department within 2 weeks of end of your program.

**Please allow two to four weeks for processing