



LAKESWOOD CITY SCHOOLS  
COMMUNITY  
RECREATION & EDUCATION  
DEPARTMENT

**Lakewood Community Recreation and Education Department  
Instructor Invoice**

**INVOICE**

**Program(s)** Amount Due

**Total Due:** \_\_\_\_\_

Instructor Please Complete:

Please Make Check Payable to:

Address:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Send to:**

Lakewood Community Recreation and Education Department  
Attention: Ralph Lundberg  
1456 Warren Road  
Lakewood, OH 44107

Fax (216) 529-4464

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

\*\*Please allow two weeks for processing