



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