

Class Fee Estimate — TOG Y3 — 2017-18

Date: _____

Name (print): _____

Name of Class: _____

Number of Students: _____

1st Semester / 2nd Semester / All Year (Circle)

Total Estimate: \$_____ Per Student: \$_____

1st Semester / 2nd Semester / All Year (Circle)

Total Estimate: \$_____ Per Student: \$_____

Signature: _____