

SHU Community Music Program

TUTTI FLUTTI

Registration Form



Please complete all information and return with payment to:
Seton Hill University
Community Music Program,
One Seton Hill Drive
Greensburg PA 15601
724-552-2923

Please do not copy, scan, fax or email this form to Seton Hill University. US Mail or hand delivery in a sealed envelope is acceptable.

Student/Family Contact Information

Student Name _____

Parents _____

Address _____

City/Zip _____

Home Phone _____

Alternate Phone _____

Person at Alt Phone _____

Email _____

Birthdate _____

School _____

Grade _____

TUTTI FLUTTI (Intermediate flute choir)

Fee \$80 Director: Michele Boulet

Semester: _____

TOTAL FEE DUE: _____

Discount: (if applicable) _____

AMOUNT PAID: _____

LESSON FEES: The total fee must be paid for any class or ensemble, regardless of the time of enrollment. *Note: Current tuition amounts are listed on the website: www.setonhill.edu/cmp.*

OFFICE USE ONLY: (do not write in this box)

Payment: _____

Method: _____

NEW POLICIES

A **billing fee of \$15** may be added to your account if it becomes necessary to bill for unpaid lesson fees or if a student takes a lesson before it has been paid for. **The returned or NSF check fee** has increased to \$50.

PLEASE NOTE REFUND POLICY AND YOUR FINANCIAL RESPONSIBILITIES: For private lessons, no refunds will be made after the fourth lesson. Before the fourth lesson of any session, paid tuition will be refunded for any unused lessons. After the fourth lesson students are responsible for the full fee. **Collections and Bankruptcy:** the student is responsible for all collection costs, including attorneys' fees and other charges, necessary for the collection of any amount not paid when due.

Signature _____

Date _____

Contents below this line are shredded once the transaction is processed

CREDIT CARD INFORMATION (please print)

Card Type: ___ MasterCard ___ VISA ___ Discover ___ American Express ___ Diners Club® ___ JCB®

Cardholder's Name as it appears on the card: _____

Card Number: _____

Card Expiration Date: _____ CVV (security code): _____

Cardholder's Statement Address: _____

Cardholder's Signature: _____ Date: _____

SETON HILL UNIVERSITY COMMUNITY ARTS PROGRAM SECURITY ACCESS CARD AGREEMENT

*Return this signed form along with a \$10 deposit to the Community Arts Program office to receive your Access card for the Seton Hill University Performing Arts Center.
Cash or separate check payable to SHU is preferred.*

By signing below, you agree that this access card will only be used by the designated Community Music Student or his or her parent or guardian to gain access to the Seton Hill University Performing Arts Center for the student's scheduled lesson. This card is not to be loaned or transferred to another student or a non-student. All areas of the SHU Performing Arts Center are private property and the Community Arts Program and Seton Hill University reserve the right to cancel your access to the facilities for any reason including non-payment of fees and violation of university and/or program policies. You are required to notify the Community Arts Program Director immediately if the card becomes lost or stolen.

Please be aware that in the event of any incidents, the Program Director and Chief of Campus Security have access to card number assignments as well as information concerning dates and times cards are used to enter the building.

Signature of student or parent/guardian if student is under 18

date

Please print name

OFFICE USE ONLY

DATE DISTRIBUTED:

CARD NUMBER ASSIGNED:

PERSON DISTRIBUTING CARD:

ACCOUNT IN GOOD STANDING?:

