



Clarinet Choir Application Form

Semester: _____

Please complete the left side, indicate payment method and return by the appropriate deadline to Community Music Program, Seton Hill University, Greensburg PA 15601. (Questions? 724-552-2923)

Student Name _____
 Parents _____
 Address _____
 City/Zip _____
 Home Phone _____
 Alternate Phone _____
 Person at Alt Phone _____
 Email _____
 Birthdate _____
 School _____
 Grade _____

Fee: \$60 per semester

Teacher: Patti Marco

Ensemble: Clarinet Choir

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 in the current handbook and on the website: www.setonhill.edu/cmp*

PAYMENT INFORMATION:

Total fee due: _____

Please check one:

- Check payable to SHU
- VISA
- MasterCard
- Discover
- American Express

Complete the following for any credit card:

Account #: _____

Expiration: _____

Name on Card: _____

Billing Zip Code: _____

PLEASE NOTE REFUND POLICY AND YOUR FINANCIAL RESPONSIBILITIES: Tuition for classes must be paid in full regardless of time of enrollment and may not be credited from one session to the next. Your signature indicates that you have read the above statement and accept its terms.

Signature _____ **Date** _____

OFFICE USE ONLY: (do not write in this box)			
Total	1st	2nd	Clear _____
			Teacher _____
			DB _____
			LRF _____