

Office Use Only	
Acct. Name _____	
Reg. Fee Pd _____	
Tuition Amount _____	



Office Use Only	
Date Processed _____	Amount _____
_____	_____
_____	_____
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Tuition Agreement & Payment Option Form 2011-2012

Return this form with your registration materials.

Tuition Payments:

Tuition is an **annual commitment** which may be paid in full by August 1 or utilizing one of the payment plans outlined below (with an additional installment fee). No refunds or credits are given for any reason. All registration payments are due at registration to secure a place in the desired class. If you are not paying in full, there will be 10 installments beginning September 1, 2011. **CHOOSE ONLY ONE OF THE FOLLOWING OPTIONS:**

_____ **Full Tuition – Due by Check by September 1** (or first day of class if beginning after September)

_____ **2 Payments by check – Both checks submitted by September 1, 2011;**
One dated September 1, 2011 and one post dated November 1, 2011

_____ **Direct Payment – Monthly Automatic Bank Draft** – I authorize Classical Ballet Theatre to automatically debit my bank account named below between the 1st and 5th of each month that an installment is due. I understand that it is my responsibility to have funds available for each automatic payment. Each installment will include a \$2 processing fee. This authority will remain in effect through the end of the 2011-12 school year (June, 2012) or until tuition for the 2011-12 school year is paid in full. **Please note that in the event of withdrawal from the program, the balance of the annual tuition will become due and immediately payable.** The undersigned will give 30 days notice to Classical Ballet Theatre and PNC Bank, Herndon Branch in the event that other payment plans are made, or if the undersigned changes bank accounts or institutions. The undersigned will be liable for any bank charges incurred and in the event that an automatic debit is not honored due to insufficient funds or any other reason as well as expenses incurred in collecting any outstanding balance. **Please provide a VOIDED CHECK with this form.**

Bank Name		Branch
City	State	Zip Code
Routing Number	Account Number	Account Type (Savings or Checking)

_____ **Monthly Automatic Credit Card Payment** – I authorize Classical Ballet Theatre to automatically charge my credit card company named below between the 1st and 5th of each month that an installment is due. **Each installment will include a 4% processing fee to cover transaction costs.** This authority will remain in effect through the end of the 2011 school year (June, 2012) or until tuition for the 2011-12 school year is paid in full. **Please note that in the event of withdrawal from the program, the balance of the annual tuition will become due and immediately payable.** The undersigned will give 30 days notice if a change in credit card is to be made and is responsible for late fees if the credit card is declined for any reason as well as expenses incurred in collecting any outstanding balance.

VISA# _____ - _____ - _____ - _____

Mastercard# _____ - _____ - _____ - _____

Exp. Date: ____ / ____ (not before 06/12) Sec. Code: ____

I have read and agree to all above stated payment policies and procedures.

Name of Billing Contact (Please Print) _____ Phone _____

Signature of Billing Contact _____ Date _____

E-Mail Address _____ Student's Name _____

Tuition Rates on the Back →