

PRINCETON GIRLCHOIR  
2011 – 2012 ENROLLMENT AND FINANCIAL AGREEMENT

Chorister's Name: \_\_\_\_\_

**The 2011-2012 tuition for the Concert Choir is \$995. Included in the tuition fee is a non-refundable deposit of \$100.** I have elected the following payment plan and acknowledge the financial commitment associated with it:

\_\_\_\_\_ **Option 1: Single Payment Plan**

**A non-refundable deposit of \$100 is due by July 15, 2011.** Tuition balance of **\$895.00** is due on or before **September 1, 2010**.

\_\_\_\_\_ **Option 2: Two-Payment Installment Plan**

**A non-refundable deposit of \$100 is due by July 15, 2011.** First tuition payment of **\$451.50** is due on or before **September 1, 2011**. Balance of **\$451.50** is due on **November 1, 2011**. Each installment includes a \$4.00 processing fee.

\_\_\_\_\_ **Option 3: Four-Payment Installment Plan**

**A non-refundable deposit of \$100 is due by July 15, 2011.** Four (4) monthly tuition payments of **\$227.75** are due September 1, October 1, November 1 and December 1, 2011. Each monthly installment includes a \$4.00 processing fee.

*I may withdraw from this agreement and all tuition fees paid to date, less the \$100 non-refundable deposit, will be returned **provided written notification of intent to withdraw is received by Princeton Girlchoir by Friday, September 30, 2011.** If my child withdraws after September 30, 2011, I agree to complete my tuition payments in full.*

\_\_\_\_\_  
Signature of parent or guardian responsible for payment

\_\_\_\_\_  
Date

Person responsible for payments: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

Payments may be made by check payable to PRINCETON GIRLCHOIR or by credit card (MasterCard or Visa only).

I hereby authorize Princeton Girlchoir to automatically charge my credit card below according to the payment option I have selected. MasterCard \_\_\_\_\_ Visa \_\_\_\_\_

Name of card holder (please print) \_\_\_\_\_

Credit Card number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

Signature of card holder: \_\_\_\_\_

Please return this document to the PGC Office by **July 15, 2011**.

PGC, P.O. Box 145, Princeton, NJ 08542