

2016-2017 REGISTRATION FORM

Name _____ Address _____

City, State, Zip _____

Phone# Home _____ Work _____ Mobile _____

E-mail address _____

Ten weeks of instruction:

Fall semester begins 9/6/2016 ends 11/14/2016. Fee \$302 (\$292 by 9/1/2016)

Winter semester begins 11/28/2016 ends 2/13/2017. Fee \$302 (\$292 by 11/20/2016)

Spring semester begins 2/21/2017 ends 5/1/2017. Fee \$302 (\$292 by 2/16/2017)

Six weeks of instruction:

Summer session 1 begins 5/8/2017 ends 6/19/2017. Fee \$180 (\$175 by 5/3/2017)

Summer session 2 begins 6/27/2017 ends 8/8/2017. Fee \$180 (\$175 by 6/22/2017)

Please select a semester

Fall 2016 Winter 2016-17 Spring 2017 Summer Session 1 Summer Session 2

Previous AF course name + date _____

Course Name _____

Course Cost \$ _____ (You must be an AFH member - annual fee individual \$35/ family \$45)

Please enclose a check, payable to “**Alliance Française of Hartford**” or, if you wish to pay by credit card, complete the following:

_____ Visa or _____ MasterCard # _____

Expiration Date _____

WITHDRAWAL POLICY

In view of our nonprofit status, our commitment to keeping costs down, and our responsibility to our teachers, tuition fees cannot be transferred to another session, to another person, or to a private lesson. For all courses: All cancellations must be received in writing. Please state the course name, the number of classes attended, and the reason for the cancellation. Refunds will be processed as follows:

- If a request is made in writing before the beginning of the first class, class tuition will be refunded subject to a \$25 cancellation fee.
- If a request is made in writing before the second class, tuition will be refunded subject to the \$25 cancellation fee plus \$25 for the first class (total \$50).
- After the second class, no refunds will be given.
- Books are not returnable or refundable.
- When a course is cancelled by the Alliance, payments are refunded in full.
- No refunds or credit will be given for classes not attended.

I have read and accept the withdrawal policy. Yes _____

Signature _____

Date _____

Alliance Française de Hartford, 75 Charter Oak Ave. Suite 1-202, Hartford, CT 06106

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