

REGISTRATION FORM – Summer Session 2012

Name _____

Address _____

City, State, Zip _____

Phone# Home _____ Work _____ Cell _____

E-mail address _____

Previous AF course name + date _____

Course Name _____

Course Cost

TUITION FEES:

6 weeks - \$150 \$ _____

Membership (\$35 individual/\$45 family) \$ _____

TOTAL \$ _____

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 _____

HOW DID YOU HEAR ABOUT THE ALLIANCE FRANÇAISE?

() Newspaper () Internet () Other _____

WITHDRAWAL POLICY:

In view of our nonprofit status, our commitment to keeping tuition 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 according to the following:

- If a request is made in writing before the beginning of the first class, class tuition will be refunded; however a \$25 cancellation fee will be deducted.
- If a request is made in writing before the second class, you will be refunded the full cost of the course; however a \$25 cancellation fee + \$25 for the first class will be deducted.
- After the second class, no refund will be given.
- When a course is cancelled by the Alliance Française, payments are then refunded in full.
- No refund or credit will be given for classes not attended.

I have read and accept the withdrawal policy. Yes _____

Signature _____

Date _____

Alliance Française de Hartford, 233 Pearl Street, Hartford, CT 06103

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