

SPRING 2017 VENTURE ACADEMY Registration Form

NAME:

PHONE:

ADDRESS:

EMAIL:

Check the box to the left of the pass you are purchasing:

<input type="checkbox"/>	Adventure Pass (Single) *covers all sessions	\$ 95.00 ea
<input type="checkbox"/>	Buddy/Couple Adventure Pass (must purchase 2 at the same time) *covers all sessions	\$ 85.00 ea
<input type="checkbox"/>	'One Week' Pass – (early reg. discount does not apply) Indicate the week you will attend:	\$ 30.00 ea

Total Due: _____

Student Registration, Cancellation and Refund Policy:

- Full payment is required at time of registration. Partial payments or payment plans are not available for this program.
- Participants who have registered and have paid in full for the Venture Academy, who choose to cancel their registration, must notify the Academy Coordinator in writing at communications@charterarts.org.
- A participant who cancels his/her registration more than 10 business days prior to class start date, is eligible for a 100% refund. A participant who cancels his/her registration 5-9 business days prior to class start date, will be eligible for a 50% refund. A participant who cancels his/her registration less than 5 business days prior to class start date, will not be eligible for a refund.
- A participant who has registered and paid in full for the Venture Academy who chooses to terminate his/her participation after the program start date, will not be eligible for a refund.

Course Cancellation:

The Lehigh Valley Charter High School for the Arts Summer Academy/Venture Academy reserves the right to cancel the program due to insufficient enrollment. If the program is cancelled, participants will be notified in writing, and all registered participants who have paid in full will be eligible for a full refund. The Charter Arts Summer Academy/Venture Academy reserves the right to replace a course instructor without notification.

Select Payment Method:

_____ Check payable to LV Charter High School for the Arts

_____ Credit Card: Circle One: Mastercard VISA DISCOVER Card # _____

(*Credit card charges will appear on your statement as Network for Good. There is a 3% service charge applied to credit card purchases.)

Name on Card: _____ Exp: _____

If the name or address on this form does not match the credit card address, please note the correct information here:

Mail Form and Payment To:
The Lehigh Valley Charter High School for the Arts
c/o Venture Academy
321 East 3rd Street, Bethlehem PA 18015

Questions: Please call 610-868-2971 ext. 3185