

Topshelf Bartenders Enrollment Agreement

Bartender Training Program
58 Oswego Street Room 1
Baldwinsville, NY 13027
315-420-9013

Student Name:		
Address:		
Phone:		d.o.b.:
Student Email Address:		

The above listed school and student enter into agreement under which the student will pay tuition and fees as indicated below as well as adhere to the training facilities rules and regulations as set forth in the training catalog, which can be found online.

Program	Topshelf Bartenders
Hours	40
Tuition	\$345.00
Books	\$25.00
Reg. Fee	\$30.00
Total	\$400.00
Refund Policy	1 duration of 2 weeks (40 hours) or 1 duration of 3 weeks (40 hours) – Please see the “refund policy” section in detail listed below

Schedule: (Evening Class / 3 Weeks) 6:00 pm – 10:30 pm Tuesday – Thursday
4.5 hours daily, 13.5 hours weekly for a total of 40 hours

Hours of School Operation: 6:00 pm – 10:30 pm Tuesday – Thursday

Office Hours of Operation: 9:00 am - 6:00 pm Monday – Thursday
10:00 am - 3:00 pm Friday - Sunday

Start Date: _____

Refund Policy

- A. A student who cancels within 7 days of signing the enrollment agreement receives all monies returned with the exception of the non-refundable registration fee.
- B. There after, a student will be liable for
 - 1. The non-refundable registration fee plus
 - 2. The cost of any textbook or supplies accepted plus
 - 3. Tuition liability as of the student's last date of physical attendance.

If termination occurs	School may keep
Prior to school starting	0.00%
0% - 15% of the program in session	0.00%
16% - 30% of the program in session	25.00%
31% - 45% of the program in session	50%
46% - 60% of the program in session	75.00%
After 60% of the program in session	100%

Although placement assistance service is provided, the school cannot guarantee a job to any student or graduate.

Please list any practical experience or educational experience you have in the bartending industry

By my signature, I agree to the conditions of this agreement.

Student Name (Printed) _____

Student Signature _____ Date _____

The agent who enrolled me was:

Agent Name (Printed) Jeffrey Rogers

Student Signature _____ Date _____

Method Of Payment: Initial Registration Fee of \$30.00 with a remaining payment of \$370.00 before the term begins or a full payment of \$400.00 before the term begins.

Check: _____

PayPal: _____

Cash: _____

Please Note: Send All Completed Forms To The Corporate Address:

Topshelf Bartenders
17 Edgewood Drive
Baldwinsville, NY 13027

- or scan and email to -

Email To: billing@topshelfbartenders.net