

Topshelf Bartenders Enrollment Agreement

Bartending School

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 school's rules and regulations as set forth in the school catalog. The school will instruct the student in the curriculum listed below in accordance with Education Law and Commissioner's Regulations.

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) – 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 - 4:00 pm Monday – Thursday
10:00 am - 3:00 pm Friday - Sunday

Start Date: _____ Expected Graduation Date: _____

By my signature, I agree to the conditions of this agreement. I also verify that I have read and received a copy of the agreement and the school catalog.

Student Name (Printed)_____

Student Signature_____ Date_____

The agent who enrolled me was:

Agent Name (Printed)_____ Jeffrey Rogers _____ Cert. #: _____ 11571895 _____

Agent 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:_____ Charge:_____ PayPal:_____ Cash:_____

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

Topshelf Bartenders
17 Edgewood Drive
Baldwinsville, NY 13027

-OR-

Email To: billing@topshelfbartenders.net