

I, _____ confirm the enrollment of my _____
Name of Parent/Guardian Name of Student/Athlete

In the following program: Sport: _____ Standard Student Housing Non-Boarding

Full-Time Junior Program Post Grad Program

All Year (Aug. 28-June 4) Semester 1 (Aug. 28-Jan. 15) Semester 2 (Jan. 15-June 4)

Attending Grade _____ at: Pendleton School St. Stephen's School UM Other _____

UPGRADED HOUSING OPTIONS

- Academy Park Villas, Private Bedroom Private Bath Champions Walk Private Unit 1-Bedroom, 1 Bath
 Academy Park Villas, Shared Bedroom or Shared Bath Champions Walk Private Bedroom/1 Bath (Private BR, Shared Bath) None

UPGRADED MEAL PLANS OPTIONS

- Upgraded Meals Boarding - Breakfast, Lunch, Dinner Upgraded Meals Non-Boarding, Lunch Only None

Please initial choice of enrollment option.

- _____ I am enrolling my child for the 10/11 full-time year and agree to pay the full time sport tuition balance by 8/1/2010.
_____ I am enrolling my child in the 10/11 full-time year and agree to pay by the installment plan option described on 10/11 rate card
_____ I am enrolling my child for Semester 1 only of the 10/11 full-time year and agree to pay the tuition balance by 8/1/2010.
_____ I am enrolling my child for Semester 2 only of the 10/11 full-time year and agree to pay the tuition balance by 12/1/2010.

I agree to pay the non-refundable \$4,000 tuition deposit as indicated below:

Parent/guardian hereby understands the following: (A) the \$4,000 deposit is non-refundable except if (1) participant is not accepted (2) international student is unable to obtain a visa or (3) a qualified and licensed medical practitioner does not give participant unrestricted clearance to participate. Deposit minus \$200 processing fee plus any other payments made to and actually received by Academies shall be returned to Participant and his/her parent/guardian. (B) Tuition balances and fees must be made via bank wire transfer, check drawn on a US bank or cash.

- Enclosed Check # _____
 Wire Transfer* Cash** VISA Mastercard American Express Diners Club

Credit Card #: _____ Exact Name on Card: _____

Expiration Date: _____ "V" Code _____

Signature required regardless of form of payment: _____

* Please attach copy of wire transfer receipt

**Payment by cash available only in person

Note: Deposit agreement only considered complete when deposit received by IMGAcademies.