

Spokane All-City Jazz Ensemble

TUITION AGREEMENT

Middle School

I wish to enroll my child(ren) _____ in the Spokane All-City Jazz Ensembles for the year 2011-2012.

I select the following payment plan option:

Plan A _____ Entire Year Payment for one-month discount (a total of \$140) billed November 1st and due November 10th. If the student withdraws during the year, there will be a cancellation fee of \$25 and a prorated refund.

Spring Jazz Extension _____ Entire year *plus* April's dues for the optional extension (a total of \$175)

Plan B _____ Monthly payments of \$35 through the Ensemble's season, November through March, billed at the end of each month for the following month.

Spring Jazz Extension _____ My student will be participating in the optional extension and I will pay tuition at the beginning of April.

Please note: The student will not be able to participate after the second rehearsal of the year if the first month's tuition has not been made.

Scholarships are available for families in need. The Board of Directors makes a limited number of scholarships available each year. An application form can be found on our web site, spokaneallcityjazz.org. Applications for scholarships must be received by *November 5th*, to be evaluated by the Board at our November Board meeting.

I understand that my account must be current and all forms must be properly signed and received in the office in order for my child to perform or participate in the SAJE program.

I agree to the above terms and conditions, and will make timely payments according to the payment plan selected above.

All payments must be made by check or cash. Payments must be received by the administrative assistant by the 10th of the month- with the student's name attached.

Please consider making a onetime donation or recurring monthly pledge to support the Annual Fund: SAJE is a 501(c)(3) non-profit organization, your donations may be tax deductible.

Yes, here is my contribution of \$ _____ to SAJE.

Please add \$ _____ to my monthly tuition statement as my donation.

Parents Name (printed): _____

Signed: _____ Date: _____

Address: _____ Phone: _____

- I am interested in information about becoming a member of the SAJE Board.
- I am interested in information about volunteering for the SAJE Parent Group and am willing to participate in the following activities:
 - Supervising students prior to concerts.
 - Help make phone calls to parents in the groups if the rehearsal is cancelled during the winter months.
 - Organize and Supervise food for students between the master class and the guest artist concert in February.
 - Taking and selling tickets at the February Concert.

Complete and return to SAJE, 2018 E 13th Ave Spokane, WA 99202.
spokaneallcityjazz.org