



**ALLIANCE FRANÇAISE DE PHILADELPHIE
REGISTRATION FORM**

SESSION: Fall Winter Spring Summer YEAR _____ Returning New

Name _____ E-mail _____

Street Address _____

City _____ ST _____ Zip Code _____ Telephone _____

Course _____ Day _____ Time _____ Instructor's Initials _____

Method of Payment: Cash Check C.C.

YES, I would like to donate \$10 to help to finance the Alliance Française cultural programs.
Other amount:

I understand that to be eligible for a refund, I must contact the office at least 24 hours before the first class. After the first class, only a credit for the next session will be issued (a \$30.00 cancellation fee plus \$35.00 per class is retained by the Alliance Française). No credit after the end of the 3rd week of classes. A late registration fee will be applied to registrations made after the end of the first week of classes.

Signature :

