

2011-12 2nd Semester MusicAlliance Band Program Registration and 4 Installment Tuition Plan Form

The 1st installment of \$56 (per child registered) is paid from your checking account or credit card account upon receipt of this completed form by the MusicAlliance office. Installments 2-4 will be \$56 each (per child) and will be automatically charged to your credit card or checking account on the 10th of each month from March 2012 through May 2012. The 2nd semester band tuition is based on a minimum of at least 13 band instructional days offered at your child's school. **Please Note:** Thriva (part of The Active Network, Inc.) provides registration and installment payment processing services to MusicAlliance and has for the past 7 years. The \$56 band tuition installment payments may appear on your bank statements as "ams" (Active Management Services).

Companies may be more likely to give grants or donations to MusicAlliance if they know we serve families of their employees.

Parent/Guardian Name: _____ Employer (optional): _____
(This person assumes responsibility for paying band tuition.)

Home Street Address: _____ City: _____ Zip Code: _____

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____ Work Phone: (____) ____ - ____ Email Address: _____

Are you interested in volunteering to assist with fundraising projects? ___ Yes ___ No

Please list an email address on the line above that you check on a regular basis, as the one that you provide will be used by your child's teacher to send you important band communications.

School Name: _____ School City: _____

First Child: _____ Grade: _____ Instrument: _____

Additional Child: _____ Grade: _____ Instrument: _____

Student Photo/Audio/Video Waiver Release:

Throughout the school year, photos/video of band students may be taken at school activities and/or band performances. Please indicate below whether you give permission to MusicAlliance to use anonymous (without student name or school name) photos/videos taken of your child in classes, rehearsals, and performances on the MusicAlliance website and/or in promotional materials for the purposes of illustrating and promoting the activities associated with my child's band: (Select YES or NO) ___ YES ___ NO Parent/Guardian Signature: _____

MusicAlliance Band Program Registration and Band Tuition Auto-Pay Monthly Installment Authorization/Agreement

I, the parent/legal guardian of the child/children that I am registering for band, hereby give permission for my child/children to participate in the 2011-12 MusicAlliance Band Program. I represent and warrant to MusicAlliance Inc and Thriva LLC/The Active Network, Inc., its agent, that I have full legal authority to authorize this registration, including full authority to make use of the credit or debit card or checking account to which the band tuition fees will be charged. I understand that this band registration and tuition authorization/agreement is a binding contract.

I (we) hereby authorize MusicAlliance Inc and Thriva LLC/The Active Network, Inc., its agent, to initiate debit or credit entries to my account by funds transfer and/or automated clearing house ("ACH") transfer or credit card payment (based upon the method of payment that I selected) for the purpose of paying my child's/children's band tuition for the 2011-2012 school year due MusicAlliance Inc. I understand and grant that the first band tuition installment payment of \$56 per child registered will be debited to my bank account or charged to my credit card upon receipt of this registration form by the MusicAlliance office. I also understand and grant that band tuition installments 2 through 4 (\$56 each per child registered) will be debited to my bank account or charged to my credit card each month from March 2012 through May 2012 as described above.

I understand and agree that by completing this registration and authorization form, I am making a commitment that my child/children will remain in the band program for the remainder of the 2011-12 school year (including the Spring Band Concerts). I understand and agree that this commitment includes payment of all band tuition installments due to be made as described above and that if my child/children drop(s) out of the band program prior to the end of the 2011-12 school year, I am still responsible for paying all of the band tuition due as described above and according to the payment schedule listed above.

This authorization is to remain in full force and effect until I notify MusicAlliance Inc. that I wish to end or amend this agreement in compliance with the procedures described above and MusicAlliance Inc and Thriva LLC/The Active Network, Inc. has had reasonable time to act on it, or until MusicAlliance Inc or my bank has sent me written notice that they will end this agreement. I understand that it is my duty to notify MusicAlliance Inc at least 10 days prior to a scheduled payment of any changes made to my designated account. I understand and agree that if my Auto-Pay Band Tuition Installment Payment draft rejects or my credit card is declined multiple times, the Auto-Pay option may no longer be available to me (at the discretion of MusicAlliance), in which case I will be required to promptly pay the remaining tuition balance due to MusicAlliance Inc by money order.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Please Print): _____

PAYMENT INFORMATION: IF PAYING THROUGH A CHECKING ACCOUNT, PLEASE ATTACH A VOIDED CHECK.

Account Type (select one): Checking MasterCard Visa Card Discover Card American Express MasterCard Debit Card Visa Debit Card

(If paying by Credit or Debit Card) Card Number: _____ Credit or Debit Card Expiration Date: _____

Your name as it appears on the Credit Card or Debit Card (Please Print): _____

Debit Card/Bank Account or Credit Card Account Owner's Signature: _____ Date: _____

**ATTACH VOIDED
CHECK HERE**
(if paying through your checking account)

Please mail this completed form to MusicAlliance, P.O. Box 1749, Mentor, OH 44061