



Enrollment Contract

2011 2012 Global Somatics™ Practitioner Training

School Name: Green River Dance for Global Somatics School Office,
10700 Lindo Trail, Lindstrom MN 55045

THIS AGREEMENT IS A LEGALLY BINDING INSTRUMENT WHEN IT IS SIGNED BY YOU AND A REPRESENTATIVE OF GREEN RIVER DANCE. YOUR SIGNATURE INDICATES YOUR ACCEPTANCE OF ITS TERMS, UNLESS YOU CANCEL THIS AGREEMENT AS STATED BELOW.

Green River Dance for Global Somatics offers an intensive educational program leading to certification as a Global Somatics™ practitioner. You have applied to enter this certification program, which will begin **January 26, 2011 and end October 21, 2012.**

The certification program consists of 648 hours of classroom instruction and 804 hours of additional practicum (507 hours) and homework (297 hours).

The signature of an authorized representative of Green River Dance indicates that Green River Dance has accepted your application into this program.

I have read and understand all information presented in the Green River Dance for Global Somatics Catalog.

I agree to abide by the Standards of Conduct. I understand that the catalog information and the Standards of Conduct comprise the rules and regulations of GRDGS.

Please complete and sign:

I, _____, wish to enroll in the Global Somatics™ **Practitioner Training Modular Format 2011 - 2012.** I agree to accept the rules and regulations of Green River Dance for Global Somatics as they are reasonably adopted in writing from time to time and agree I will be subject to such rules and regulations. I further agree that GRDGS shall have the right to suspend me or dismiss me from the program for violation of the rules and regulations, or for behavior, which in the sole judgment of GRDGS is considered dangerous or disruptive to teachers or other students, destructive of property, or inconsistent with the academic philosophy of GRDGS.

I will not hold Green River Dance for Global Somatics, Suzanne River or any teacher in the Global Somatics program responsible for damage or injuries that arise in connection with my participation in activities with Green River Dance.

Signature _____ Date _____

Tuition and other fees for the certification program are as follows:

1. \$12,000 tuition, payable to Green River Dance for Global Somatics.

This amount includes:

- a. \$100 application fee
- b. **\$1,200** deposit to secure place in program. Must be paid following acceptance into the program, and received before the program begins, subject to the terms of the Buyer's Right to Cancel, as stated below.
- c. \$10,700 balance, may be paid by any of the Tuition Plan options below. By signing this Enrollment Contract, you agree that you are required to pay the balance of this tuition fee, according to the terms of the Tuition Plan option you select. Failure to pay tuition payments as they come due may result in your not being permitted to continue to attend class.

2. Tuition Payment Plans.

Please indicate your selection of payment options below. Payments are expected without additional reminder.

- a. _____ \$10,700 by check payable to GRDGS by **January 8, 2011**.
- b. _____ Four automatic payments of **\$2,685** (includes \$10 bank fee) on **January 8, 2011, July 8, 2011, January 1, 2012, July 1, 2012**. Please complete and enclose authorization for automatic withdrawal of payments from your bank account, payable to Green River Dance for Global Somatics, at Lake Area Bank in Lindstrom Minnesota (account #2124250).
- c. _____ Eight automatic payments of **\$1,347** (includes \$10 bank fee) on **Jan. 8, 2011, April 8, 2011, Aug. 8, 2011, Nov. 8, 2011, Feb. 8, 2012, May 8, 2012, Aug. 8, 2012, Oct. 8, 2012**. Please complete and enclose authorization for automatic withdrawal of payments from your bank account, payable to Green River Dance for Global Somatics, at Lake Area Bank in Lindstrom Minnesota (account #2124250).
- d. _____ **Twenty one** automatic payments of **\$515** (includes a \$5 bank fee) Payments to be made in **2011 on Jan. 8, Feb. 8, Mar. 8, Apr. 8, May 8, June 8, July 8, Aug. 8, Sept. 8, Oct. 8, Nov. 8, Dec. 8**. Made in **2012 on Jan. 8, Feb. 8, Mar. 8, Apr. 8, May 8, June 8, July 8, Aug. 8, Sept. 8**. Please complete and enclose authorization for automatic withdrawal of payments from your bank account, payable to Green River Dance for Global Somatics, at Lake Area Bank in Lindstrom Minnesota (account #2124250).
- e. _____ **Payment Plan involving Self Loans and Grants. Attach your plan with loan amount and dates expected. An administrative fee of \$25 per hour is required.**
- f. Each payment not received when due will be subject to a 5% late charge. Please communicate with Green River Dance in the event of an emergency. Payment plans may be modified with a \$25 charge. You will be required to pay the costs of any collection efforts, including attorneys' fees, court costs and/or agency fees.

3. Additional fees of up to \$1,600 will be required to be paid for books and other supplies, private sessions and/or research projects. These fees will be paid to other individuals and stores and not to Green River Dance for Global Somatics.

My signature indicates my desire to enroll in the certification program of Green River Dance for Global Somatics, and my acceptance of the terms stated above, subject to my right to cancel, as stated below.

Signature_____Date_____

Green River Dance for Global Somatics accepts the student whose name is written above into the certification program described in the Enrollment Contract.

GREEN RIVER DANCE FOR GLOBAL SOMATICS

Signature_____Date_____

By: Suzanne River

The Global Somatics Practitioner Training (GSPT) is licensed as a private career school with the Minnesota Office of Higher Education pursuant to Minnesota Statutes, sections 141.21 to 141.32. Licensure is not an endorsement of the institution. Credits earned at the institution may not transfer to all other institutions.



Join the journey. . .



ACH Authorization Form

Credit/Debit Authorization Form

Attach a blank check marked VOID

I (we) _____ hereby authorize Green River Dance for Global Somatics (THE COMPANY) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution- Branch, City, State & Zip)

(Signature)

(Date)

(Name – Please Print)

(Address – Please Print)

Set Amount: _____ Date: _____

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

The numbers are located at the bottom of your check as follows:

:123456789: 1234567890123
Routing Number Account Number

All Contract Changes are subject to an administrative fee of \$25



Buyer's Right to Cancel/ Refund Policy

Each student will be notified of acceptance/rejection in writing. In the event a student is rejected, all tuition, fees and other charges will be refunded.

Notwithstanding anything to the contrary, if a student gives written notice of cancellation within five business days of the execution of the contract or day on which the student is accepted, then a complete refund is given regardless of whether the program has started.

If a student gives a written notice of cancellation after five business days of the execution of the contract or day on which the student is accepted, but before the start of the program by the school, then all tuition, fees and other charges, except 15 percent of the total program cost (15 percent not to exceed \$50) shall be refunded to the student.

If the student gives written notice after the start of the period of instruction for which the student has been charged, but before the completion of 75 percent of the period of instruction, then the student is assessed a pro rata portion of tuition, fees and other charges plus 25 percent of the total program cost (25 percent not to exceed \$100.00)

Any notice of cancellation shall be acknowledged in writing within ten business days of the receipt of such notice and all refunds shall be forwarded to the student within 30 business days of receipt of such notice.

This refund policy is not linked to any student conduct policy and any promissory instrument shall not be negotiated prior to completion of 50 percent of the course.

Written notice of cancellation shall take place on the date the letter of cancellation is postmarked or, in the case where the notice is hand carried, it shall occur on the date the notice is delivered to the school. The date of execution of the enrollment agreement shall be presumed to the date of delivery of the notice of acceptance and if delivered by mail, the postmark date of the letter of acceptance.

Applicant's Signature _____ Date _____



Notice of Cancellation

If you do not want to continue with your enrollment in the Global Somatics™ Practitioner Certification Program, which became effective on _____, you may sign and date this notice and deliver it to:

**Green River Dance for Global Somatics School Office
10700 Lindo Trail
Lindstrom, MN 55045**

You may also send another form of written notice of cancellation, including telefax, personal delivery or e-mail.

Cancellation is effective as of the date of postmark, or e-mail or telefax, or the date of personal delivery to Green River Dance.

If you cancel not later than midnight of the fifth business day after the date of your signature of the Enrollment Contract, any payments made by you under the contract will be returned within 30 business days following the postmarked date of this Notice of Cancellation. Any instrument executed by you will be returned within ten business days following receipt by Green River Dance of your cancellation notice, and any security interest arising out of the transaction will be cancelled.

If you cancel, you must make available to Green River Dance at your residence, in substantially as good condition as when received any goods delivered to you under this contract, or you may if you wish, comply with the written instructions of Green River Dance regarding the return shipment of the goods at Green River Dance's expense and risk.

I HEREBY CANCEL THIS TRANSACTION.

Buyer's
Signature _____ Date _____

