Where the lessons of the campus take shape into a world view!

GEL PARTICIPANT DEPOSIT FORM

Print a copy to submit with each deposit.
All information must be printed clearly in black ink.

Check which applies:

___ This is my first deposit of *$1000 due 11/30/2005*
___ This is my second deposit of *$1290 due 01/15/2006*
___ This is my third deposit of *$1000 due 02/15/06*

I understand and accept that as deposits are made travel arrangements requiring non-refundable payment will be made on my behalf and that withdrawal from the program at any time may preclude the return of a portion or all of my deposits.

Signature_____

University ID#: _____ SS#: ____ - ___ - _____ Date: ____/____

Print Name: _____
First Middle Last

Address: _____
Street City State Zip

Home Phone #: (_____) _____ Daytime Phone #: (____) _____

Email Address: _____

____ Enclosed in my check for $_____

____ Please charge $_____ to my:
___ Visa Card #: _____ Exp. Date ____/____
___ MasterCard #: _____ Exp. Date ____/____

Card Holder Name (print): _____

Card Holder Address (if different from above): _____
City: _____ State: ___ Zip: _____

Signature: _____
Card Holder Signature

Business Office Use:
Receipt #: _____
Sgn.: _____
Code: GEL

Submit to: Business Office – Shenandoah University – Wilkins Admin. Bldg.
1460 University Drive, Winchester, Virginia 22601
540-665-4514 (office) 540-665-5433 (fax)