

## **MOCAP District Registration Form**

DISTRICT		
District Name:		
BILLING CONTACT:		
Name:		
Title:		
Email (will be used for Invoic	ing)	
Phone Number:	Fa	x Number:
Academy. District and Greenways terminations. Greenways Academ Greenways Academy will invoice Greenways Academy MOCAP cou	s Academy are responsible to my's notice email address is District at the end of every werses. Registration details w	tice by the student, District or Greenways to notify the other party of any registration mocap@greenwaysacademy.com.  month for all students registered by District in full be included with the invoice. Terms for enways Academy to suspend or terminate student
stay in the program. Monthly pro reporting student's grade for wor	gress reports will be issued k completed to date and pe	e progress in each course each month in order to by Greenways Academy teachers to the District, ercentage of course completed to date. tudent's completion of the course.
District signature below indicates mocapbilling@greenwaysacadem	•	erms. Forward completed and signed form to
District Signature	 Title	 Date Signed