Please return this form with payment.

Reservation Deposit Form

LYNCHBURG COLLEGE EST. 1903

A. STUDENT INFORMATION AND MAILING ADDRESS:

Last Name _____ First Name _____ Middle Init. _____

Street _____ City _____ State _____ Zip _____

Phone Number _____ Email: _____

Signature_____ Date_____

(I affirm all the above information is correct. Please contact the Office of Enrollment Services if any information is incorrect.)

Please check amounts enclosed: Please include your social security number _____

_____$300 Reservation Fee	*The reservation fee will serve as your contingency deposit for the duration of your enrollment at Lynchburg College; therefore, this $300 may not be used for any other purpose.
_____$200 Room Deposit *	*Commuter Students do not need to send the Room Deposit. College policy states that traditional age (under 25) students are expected to live on campus, unless living at home with parents.
$____Total Deposit Amount	Only one check is needed for the Room Deposit & Reservation Fee. The total amount is $500. **The deposit is non-refundable after May 1, 2010. (Students admitted for Early Decision, deposits are non-refundable after January 15, 2010)**

B. PAYMENT INFORMATION

1. Payment by Check

Please make the check payable to **Lynchburg College** and mail it with this form to **Lynchburg College, Office of Enrollment Services, 1501 Lakeside Drive, Lynchburg, VA 24501**

2. Payment by Credit Card:

If you would prefer to pay by credit card please complete the information below:
VISA / MASTER CARD / DISCOVER/AMERICAN EXPRESS (circle one)

Card # _____-_____-_____-_____ Expiration Date:_____

Name of Cardholder: _____

Address for mailing receipt: _____

C. FINANCIAL RESPONSIBILITY:

Please list the name and address of the person or persons responsible for paying your college costs.

Billing Address:

(Last Name) _____ (First) _____ (Middle) _____

(Number and Street) _____ (City) _____ (State) _____ (Zip) _____

Phone Number _____ E-mail:_____

Signature_____ Date_____

If your college costs will be shared by a second person with a different address, please list that person below:

Second Billing Address:

(Last Name) _____ (First) _____ (Middle) _____

(Number and Street) _____ (City) _____ (State) _____ (Zip) _____