



Hornet Central Use Only:	
Date: _____	Amnt Paid: \$ _____
Receipt #: _____	HC Initials: _____
VPIPI-Desc: VPW Shuttle Fee (Print Receipt)	
Return to CCM Vocal Ped-K.Green	

2023 VPW Shuttle Payment Form

First and Last Name _____ SU ID# _____

Street Address _____

City, State, Zip _____

Daytime Phone _____

E-mail _____

By paying shuttle fee(s), you are stating that you have/will be submitting your travel arrangement information on the CCM Website. I understand that this is a **non-refundable fee**. I further understand that in the event my itinerary changes, I will notify CCM Institute of the changes.

I agree to pay the amount of: (Select one)

\$ 120.00 One Way (per person)

\$ 240.00 Roundtrip (per person)

Shuttle Payment Section: I would like to pay with a (select option below):

Check (enclose check payable to: Shenandoah University)

Credit/Debit Card (VISA, MasterCard, AMEX or Discover- **(A 1.5% surcharge will be added to the amount below)**)

I authorize Shenandoah University to charge my credit card in the amount of \$ _____

Cardholder Name (Print) _____

Cardholder Signature: _____

Payment Card# _____ Exp. Date: _____

Please fax or mail form and payment to:

**Shenandoah University
Hornet Central
1460 University Drive
Winchester, VA 22601
Fax: 540.665.5433**