



## Mentoring Program Registration Form 2016

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Start Date: \_\_\_\_\_

Paid in full on: \$1600 On: \_\_\_\_\_

Payments requested and will begin on: \_\_\_\_\_

Choose one -

Option #1 Two quarterly payments of \$840: \_\_\_\_\_

Option #2 Three bi-monthly payments of \$565: \_\_\_\_\_

Option #3 12 monthly payments of \$145: \_\_\_\_\_

All payments occurring more than once are automatic via PayPal. One time payments can be made by check.

A link will be sent for you to set up your auto pay.

List any specific topics, issues or areas you would like to touch on during the course of the program:

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### REFUND POLICY FOR EDUCATIONAL PROGRAMS

Deposits may vary and are required at time of registration. Due to the long-term nature of this intensive program refunds will only be given within the first month of participation and a \$100 materials fee will be deducted.

No REFUNDS or transfers of credit after the first month.

By signing below, I understand that all payments are non-refundable and non-transferable, except as outlined above. Furthermore, I understand all the terms, conditions and requirements of the program that I am registering for at this time.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Skillful Teaching Representative

\_\_\_\_\_  
Date