

Natural Passages

Program Enrollment Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

COMMITTMENT

I understand and accept that:

- I am responsible for showing up for each week-end, physically and otherwise.
- I am responsible for fulfillment of the financial obligations of this program including tuition fees and all personal expenses, including supply and equipment purchases and travel expenses.
- I am responsible for acquiring and bringing the necessary supplies and equipment for each week-end.
- I am responsible for taking care of myself as an active member of the community.

FINANCIAL RESPONSIBILITY

[] Individual: I've enclosed the \$200 application fee. I will pay the additional amount of \$1900 for a total of \$2100 by February 1st of the program year. I understand that if I pay the balance due after February 1st of the program year, the balance due is \$2200 for a total of \$2400. Full payment is due March 1st of the program year.

[] Business/Corporate: I've enclosed the \$200 application fee. I will pay the additional amount of \$4000 for a total of \$4200 by February 1st of the program year. I understand that if I pay the balance due after February 1st of the program year, the balance due is \$4600 for a total of \$4800. I will make one full payment by March 1st of the program year.

Payment Plan

[] I am interested in a payment plan. I will contact the program to make arrangements. No discounts are applicable for payment plans.

No refunds are rendered for cancellation within one month prior to the first workshop.

Signature

Date

MAIL APPLICATION AND PAYMENTS TO:

Natural Passages
c/o Herb Stevenson
9796 Cedar Road
Novelty, Ohio 44072-9747