

# REGISTRATION FORM



Date\_\_\_\_\_

Participant's  
Name\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_

State\_\_\_\_\_ Zip\_\_\_\_\_ Phone\_\_\_\_\_

Email\_\_\_\_\_ Cell/mobile\_\_\_\_\_

Program Cost: MOVING MINDFULLY THROUGH CHANGE

Wednesday noons 9/11-10/30 OR Tuesday nights 9/10- 10/29 - \$499 per person

Payment Options: THERE WILL BE NO PREVIEW ON SEPT. 4<sup>th</sup>/ EARLY BIRD ENDS 9/28

\_\_\_\_\_ \$450.00- Early-Bird Price / Full Payment till 9/28 (credit or cash)

\_\_\_\_\_ \$499.00 Full Payment after August 28th (cash or credit)

\_\_\_\_\_ 3 month payment plan (check or cash only) : \$199/150 EB  
down/ check only /balance due in two remaining payments of  
\$150 each on 9/17&18 and 10/15& 16.

---

## GROUP CONTRACT:

I agree to the following terms and honor my commitment to Balance Your Life Coaching & Psychotherapy. I understand that MOVING MINDFULLY THROUGH CHANGE is an educational program which I am entering to receive tools and support to meet my goals for personal growth. I understand that it is up to me to make the commitment to this program. I understand that I am responsible for my own health

# REGISTRATION FORM

and wellbeing throughout my participation in this group. Missing sessions will jeopardize my ability to benefit from this group experience and threaten my progress towards my goal for personal growth and transformation.

I understand that the facilitator of this program is a licensed therapist who can guide me in my intentions and process and that this will be done in the group time scheduled. All information shared in the group will be honored. The group will make a formal commitment to this in our first meeting together.

The material presented in this group both orally and in written form is the property of Balance Your Life Coaching and cannot be reproduced without permission. A reading list and other materials are available to you as part of this group and are proprietary as well.

## PAYMENT/CANCELLATION POLICY:

I agree that my commitment to this group is for the full eight weeks. If I choose to leave the group, I will not receive a refund under any conditions.

By signing this form, I agree to the terms of this group contract.

Participant's Name (Printed)

\_\_\_\_\_

Signature \_\_\_\_\_ date \_\_\_\_\_

BALANCE YOUR LIFE COACHING 5412 Idylwild Trail Boulder, CO 80301

[donna@findbalanceinyourlife.com](mailto:donna@findbalanceinyourlife.com) 303 682-5220