

Hope By The Sea Family Program Registration Form

Name: _____ Age: _____ Sex: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: (H) _____ (C) _____ (W) _____

Email: _____

Name of Client _____ Relationship to client*: _____

Additional Participants:

Name: _____ Age: _____ Relationship to client*: _____

Name: _____ Age: _____ Relationship to client*: _____

Name: _____ Age: _____ Relationship to client*: _____

Name: _____ Age: _____ Relationship to client*: _____

*If applicable.

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Payment Information:

Check (attached) Check # _____ Amount _____

Please make check payable to: Hope By The Sea.

Credit Card Visa MasterCard Amount _____

Credit Card # _____ Billing Zip Code _____

Credit Card Exp Date _____ CVC Code _____

Name on Card (Please Print) _____

Authorized Signature _____

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Scheduled Dates for 2012: Circle the program you plan to attend. *(Dates subject to change)*

January 20, 21 & 22	February 17, 18 & 19	March 16, 17 & 18	April 20, 21 & 22	May 18, 19 & 20	June 15, 16 & 17
July 20, 21 & 22	August 17, 18 & 19	September 14, 15 & 16	October 19, 20 & 21	November 16, 17 & 18	December 14, 15 & 16

The cost is \$500 per family (up to 3 participants) and each additional participant is \$150. This can be paid by credit card, check or cash. Full payment is due a minimum of 10 days prior to the program date. Cancellations received less than 10 days in advance are non-refundable; however, you may reschedule for another program date. Questions and other financial arrangements can be discussed with Penny Carlsen, Administrator, at 866.930.HOPE (4673) or penny@hopebythesea.com.

Please fax completed form to 949.218.1597