



# GUIDANCE *for a BETTER LIFE*

*“Let us mentor YOU to a more abundant life”*

## 2021 APPLICATION

PO BOX 219 Lyndhurst, VA 22952 540-377-6068

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip \_\_\_\_\_

Home/Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Emergency contact (name, address, phone) \_\_\_\_\_

Your occupation \_\_\_\_\_

Medical conditions or physical limitations \_\_\_\_\_

For meal planning purposes – any special needs? \_\_\_\_\_

Special interests related to this course \_\_\_\_\_

How did you hear about this course? \_\_\_\_\_

RELEASE: My signature below certifies that I am in good physical condition and am willing to participate in this program. I hereby assume all risks related to my participation. I release for myself, my heirs and my executor any claim against the Del Hall, F.U.N. Inc. and its employees and agents from liability resulting from injury or accidents occurring during this course. I give permission for F.U.N., Inc. to use photographs that may be taken during my class, in promotional materials.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Cost of 3-Day courses  
\$375.00 or \$425.00  
Please send non-refundable  
deposit of 150.00.  
An additional amount of \$275.00 is  
payable on first day of class or  
\$225.00 if received 14 days prior to  
start of class.

\$ \_\_\_\_\_

Date and course for which you are applying \_\_\_\_\_

Method of payment: Check # \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Account # \_\_\_\_\_ Expiration date: \_\_\_\_\_

\_\_\_\_\_ Charge deposit only. \_\_\_\_\_ Charge my card the full amount.

Please make checks or money orders payable to F.U.N. Inc.