GUIDANCE *for a* BETTER LIFE

"Let us mentor YOU to a more abundant life"

2026 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 2-Day courses
$270.00 or $300.00
Please send non-refundable
deposit of 100.00.
An additional amount of
$200.00 is payable on first day
of class or $170.00 if received
14 days prior to start of class.
$ _____

Cost of 3-Day courses
$445.00 or $495.00
Please send non-refundable
deposit of 150.00.
An additional amount of $345.00 is
payable on first day of class or
$295.00 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: _____

Billing Zip Code _____ CVV _____

_____ Charge deposit only _____ Charge my card the full amount.

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