

Art of Womanhood

Course Registration Form

Personal Information

First Name: _____ Last Name: _____

Birthday: (day/month) _____ Email Address: _____

Mailing Address

Street: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Shipping Address (If different from above)

Street: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Phone number/s: (including area code) _____

Preferred Contact Method: (email, mail, telephone): _____

Best Time to Contact: _____

Course and Tuition Information

Preparatory Course—No Charge

Candlelight Course A--\$30.00

Candlelight Course B--\$30.00

Candlelight Course C--\$30.00

Changed Hearts – No Charge

Lamplight Course A--\$50.00 (Pilot group \$30.00)

Lamplight Course B--\$50.00 (Pilot group \$30.00)

Lamplight Course C--\$50.00 (Pilot group \$30.00)

Course/s in which enrolling: _____ Fee: _____

Student Signature: _____ Date: _____

Make Payment

--Through Paypal:

www.artofwomanhood.org Go to the page for the course in which you are enrolling and click on the Donation button on that page. I will take you to Paypal where you can enter the course name and price before completing the payment process.

--By check or money order payable to **Art of Womanhood.**

Send to: Art of Womanhood, Attn: Carol
117 North 200 East
Cedar City, Utah 84720

I will not be making a payment as I paid for Candlelight B & C last Spring. I am only registering to complete Candlelight C (for which I already paid at the beginning of course B).

Method of Payment I will be using: _____

REFUND POLICY: When the student has paid in full she has 7 calendar days from the date of receipt of payment to withdraw from the course and receive a full refund. After 7 calendar days, she will receive half tuition reimbursement for the first half of the course. After the class is ½ completed, she will receive no refund.

I, _____ have read the refund policy and agree to the terms stated therein.

Signed: _____ Date: _____

**** Registration form and payment must be received before your mentor will contact you. ****

Date received: _____ **By whom:** _____

Payment received: _____ **By whom:** _____