



Application for LifeStream LeaderShape Seminar

Please register me for the LifeStream LeaderShape Seminar on _____

Last Name _____ First Name _____

Name you like to be called _____ Date of birth _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ IM (AIM, Yahoo) _____

Occupation _____ Employer _____

T-Shirt Size (circle one): S M L XL XXL Sponsor _____

The intent of this seminar is to be a beneficial growth experience. Please describe any medical or psychological conditions of which the facilitator should be aware:

What improvements in your life do you intend to produce from taking this class? _____

LifeStream LeaderShape Seminar Adult Tuition is \$995 before July 15th and \$1095 after that date, which includes a non-refundable \$200 registration fee. (Checks payable to LifeStream Rochester)

Payment amount included with this application: \$ _____ Balance due: \$ _____

Balance is due one week prior to the start of the class.

Please make checks payable and send to: LifeStream Rochester, 61 Blue Ridge Rd, Penfield, NY 14526. PayPal payments (including credit cards tied to PayPal) go to Holly@LifeStreamRochester.com. Any questions? You can call Holly at (585) 820-6956 or E-mail her at hv2dolphin@earthlink.net.

Signature _____ Date _____