

Restoration Registration and Payment Schedule

(PLEASE PRINT)

Name of Student: _____

Spouse (if attending): _____

Please list additional family members on back.

Address: _____

City: _____ State: _____ Zip Code _____

Phone: _____ E-mail _____

The requested donation for the 16 week Restoration Program is \$25 for the first person in a family, \$15 each for the next two people with the rest of the family at no charge. Assistance is available for those in need. No 100% scholarships are available.

First Person \$25: Paid \$ _____

Second Person \$15: Paid \$ _____

Third Person \$15: Paid \$ _____

Workbooks are strongly recommended!

Workbook: \$27each _____ **Number of Workbooks:** _____

Signature: _____