



# Registration Form

## Embracing Imperfection

Support Group for High School Students

**Dates:** 10/26, 11/02, 11/09, 11/16, 11/30, & 12/07  
**Where:** 212 Rt 38 W, Suite 200, Moorestown, NJ 08057

**Time:** 4:00pm to 5:30pm  
**Cost:** \$239 for the whole program

PERSONAL DETAILS			
Legal Last Name:	First Name:	Phone Cell phone <input type="checkbox"/> Landline <input type="checkbox"/>	OK to call? <input type="checkbox"/>
Email Address:	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Birth Date: / /	Age
OK to email? <input type="checkbox"/>			
Street Address		City	State Zip
How did you hear about the program?: <input type="checkbox"/> School/Guidance Counselor <input type="checkbox"/> Counselor/Therapist <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Social Media (Facebook, LinkedIn) <input type="checkbox"/> Website (please list): _____			
EMERGENCY CONTACT & PARENT/GUARDIAN INFO			
NAME:	RELATIONSHIP:	PRIMARY PHONE:	ALTERNATIVE PHONE:
PAYMENT OPTIONS			
<input type="radio"/> Check of \$239 is included (Made to Living Excellence Today) <input type="radio"/> Paid cash _____ (Receiver's Initials) <input type="radio"/> Credit Card (Please fill the info below)			
Card Holder Name _____			
Billing Address _____			
Card Number _____			
Expiration Date _____ CVV Code _____ Billing Zip Code _____			
The above information is true to the best of my knowledge. If, after a payment by credit card, you later dispute the charges, unless prohibited by law, you agree not to cancel, revoke, charge back, or dispute any previously entered charge on your credit card. If you do so, and it is later determined that the charge was properly authorized, you agree to pay all out of pocket fees and costs incurred by Living Excellence Today as a result of the improper cancellation, revocation, charge back, or dispute.			
Signature (Parent/Guardian) _____ Date _____			