

## The Daring Way™ Workshop Payment Form

Date of Workshop \_\_\_\_\_

Participant Name \_\_\_\_\_

Parent/Guardian (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Day Phone \_\_\_\_\_

Email \_\_\_\_\_

### Payment

Cash enclosed for \$ \_\_\_\_\_

Check enclosed for \$ \_\_\_\_\_

Charge my credit card for \$ \_\_\_\_\_

Visa  MasterCard  American Express  Discover

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

Security Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Mail Consent Form and Payment Form to:

The Wholehearted Way

702 SW 4<sup>th</sup> St.

Ankeny, IA 50023

Email to: [angiealisw@gmail.com](mailto:angiealisw@gmail.com)

If you have questions, please contact Angie

Appelgate, LISW: 515-505-1903

*Cancellations received at least two weeks before the event are refundable by half per registrant. Please note that if you register and do not attend you are still liable for full payment.*