

## 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  
6165 NW 86<sup>th</sup> St.  
Johnston, IA 50131

Fax to: 515-727-1601

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.*