



Challenge Works

a complete challenge course company

TRAINING REGISTRATION FORM

Personal Information

First Name: _____ M.I. _____
 Last Name: _____
 Organization: _____
 Address: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone 1: _____ Phone 2: _____
 Email: _____

Registration Information (use separate form for each course)

Course Title: Challenge Course Basic / Instructor (5 days) / \$500
 Challenge Course Advanced / Manager (2 days) / \$250
 Challenge Course Refresher (1 day) / \$150
 In Depth Processing (1 day) / \$125
 Games & Initiatives (1 day) / \$125

Start Date: _____
 Location: _____

Total number of participants to register: _____

Names of additional participants: —> #2: _____
 #3: _____
 #4: _____
 #5: _____

Payment Information

Total cost (multiply cost of course by total number of participants): \$ _____
 Deposit - 25% of total cost (payment information below): \$ _____
 Balance (due by the first day of the course): \$ _____

Payment method: Check / Money order (enclosed) —> to Challenge Works

Card #: _____ Visa Master Card

Name on Card: _____ Exp: _____ / _____ 20

I authorize payment of the deposit indicated above. No other payments will be charged without my consent.

Authorized Signature: _____

Cancellations: more than 14 days = full refund; 8-14 days = 50% of deposit; 7 days or less = deposit forfeited.

Please send completed form with payment to:

Challenge Works, Inc.
123 Sunset Terrace
Scotts Valley, CA 95066

Or FAX it to:

Fax: **(831) 440-1676**
 Call with questions:
 Phone: (831) 440-1421