



MOVING LEADERS FORWARD

2016 Application

Child's First Name _____ Middle Initial _____ Last Name _____

Date of Birth _____ Age as of July 1, 2016 _____

School _____ School Grade as of 09/01/2016 _____

Parent/Guardian Name _____ Relationship _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent email address _____

How did you hear about us? _____

Child's t-shirt size: Child's M Child's L Adult S Adult M Adult L Adult XL

Emergency Contact Name _____ Number _____

Medical Insurance Co. _____ Policy Number _____

I enclose a non-refundable deposit of \$100 per child to reserve a place for her. I understand that when the application is accepted, the fee will be credited toward the \$400 tuition for the three-day overnight retreat. I realize that the balance of the **tuition must be paid in full before June 1, 2016** to assure my child a space in the program. I also give my permission for photographs and videos of my child to be used in promotional materials.

Signature of Parent/Guardian _____ Date _____

Please make your check payable to Moving Leaders Forward and mail to Moving Leaders Forward, Inc., 60 Ledgewood Place, Rockland, MA 02370. Phone 781-561-5268