



LEADERSHIP TRAINING REGISTRATION FORM

Enrollment is limited. Course Fee(s) due upon Registration. *Confirmation packet will be sent upon receipt of fee.*

Name _____ *Phone*

Address

City _____ *State* _____ *Zip*

EMail

COURSE(S) NAME & DATE(S):

Visa / Master Card: _____
Circle One _____ *Card Number* _____ *Expiration Date*

SIGNATURE OF NAME ON CREDIT CARD: _____

Payment Enclosed (by Check or Credit Card), Payable to The Aloha Foundation, Inc.: \$ _____

Please check, if applicable: Day Student _____ Vegetarian _____ CPR _____ WFR Recert _____

Mail check & registration form to: Aloha Foundation, Inc., 2968 Lake Morey Rd., Fairlee, VT 05045

Thank you!