

Application to attend a Heartwork event

Name of event you are applying for: _____

Location: _____ Date(s) of event: _____

Your name _____ Date of birth _____

Phone (h) _____ (w) _____ (c) _____

Address _____ City _____ State _____ Zip _____

Email _____

Please note the information above will be used for the address lists we will be handing out to everyone. If you do not wish your information shared, please let us know.

Payment Options – Please mark the terms that you choose:

- 50% deposit upon Registration (sending check) –full payment due 30 days prior to event
- 50% deposit upon Registration (enter credit card information below) –full payment due 30 days prior to event
- Full payment upon Registration (sending check)
- Full payment upon Registration (enter credit card information below)
- I am interested in applying for a scholarship. Please send me an application. [Please note that scholarships are distributed as funds are available and can only be for up to 50% of tuition fee, excluding room and board)
- I am interested in possible work study for part of my tuition. Please send me an application.
- If you are unable to pay in full at time of registration, please call Annette at 888-340-9865 to discuss a payment plan, or email her at awakentheheart@gmail.com

Credit card information: Visa _____ MasterCard _____ AMEX _____ Discover _____

Name on card: _____

Credit card #: _____ Exp. Date _____ # on back _____

Signature: _____ Print Name: _____

This form can be faxed to 888-340-9865 or mailed to:

*Heartwork Institute, Inc.
882 Titus Ave.
Rochester, NY 14617*

This application is an important first step in your HEARTWORK EVENT.

Each question must be answered carefully and thoroughly in order for your application to be complete.
Feel free to use additional paper.

All answers are strictly confidential.

Why do you want to attend this event? What do you hope to attain from the experience?

AGREEMENTS

1. Do you agree not to bring to, or use during the event, any alcohol or mind-altering drugs? (This does not refer to medications prescribed by your physician). Yes___ No___.

Do you agree not to use alcohol or mind-altering drugs for ten days prior to and following the event? Yes___ No___.

(We also suggest, for the sake of mental clarity, abstention from the use of alcohol, caffeine and nicotine for at least 10 days prior to, during, and 10 days following the event.)

2. In the event, you will have opportunities to stretch beyond your perceived limitations, in order to maximize the benefit for yourself and others. Do you intend to enter fully into the event experience, to go after what you are coming for, even though you might be fearful at times? Yes___ No___.

3. In order for the event to work, each participant must be honest with her/himself and others. Do you commit to complete honesty at the event? Yes___ No___.

Will this be difficult for you? Yes___ No___. If Yes, please explain.

4. While we attempt to make the process as gentle as possible, you may find that the event demands a high level of exertion. This may be challenging and stressful at times, and could possibly result in physical and emotional discomfort and/or exhaustion. Do you take full responsibility for taking proper care of yourself during the event? Yes___ No___.

Note: If you are currently receiving, or have received, the care of a health provider (physician, counselor, or other practitioner) for any condition, which might be affected by an experience of this demanding nature, we strongly recommend that you consult with your caregiver about your participation. We ask that you look into any effects that you might experience, so that any doubt that you might have about participating can be resolved before you decide to attend. It would be advisable to show your caregiver the introductory letter and this application, and any additional information that you have about the Heartwork process.

5. Use this space to share with us any additional concerns or considerations that you may have.

APPLICANT'S STATEMENT

I understand the purpose and form of the event for which I am applying, and am aware of the notification given to me to consult with my physician, counselor, or other health care provider regarding any adverse effects that my participation may bring about. I also understand that if I cancel, I forfeit my full fee.

Signed _____

Date _____

RETURN THIS COMPLETED AND SIGNED FORM ASAP

FAX TO (888) 340-9865

OR

EMAIL TO: awakentheheart@gmail.com

OR

MAIL TO: 882 Titus Avenue, Rochester, NY 14617