

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.**

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**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 via Paypal (send to [awakentheheart@gmail.com](mailto:awakentheheart@gmail.com))
- 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](mailto: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 24 hours prior to the event? Yes\_\_\_ No\_\_\_.

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 may uncover emotional distress. 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 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](mailto:awakentheheart@gmail.com)**

**OR**

**MAIL TO: 882 Titus Avenue, Rochester, NY 14617**