



2593 Young Avenue, Thousand Oaks, CA 91360
 phone: 805 241-4832 fax: 805 241-4832
 web: www.livingpurposeinstitute.com
 email: patrick@magicofthesoul.com

APPLICATION FOR LIFE PURPOSE COACHING CERTIFICATION TRAINING

NAME: _____ DATE: _____ OCCUPATION _____ BIRTH DATE: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE _____

EMAIL: _____

MY REASON FOR TAKING THE LIFE PURPOSE COACHING CERTIFICATION PROGRAM IS: _____

PREVIOUS SELF GROWTH EXPERIENCE AND PROGRAMS: _____

THREE REFERENCES OF INDIVIDUALS WHO CAN ATTEST TO MY INTEGRITY AND FOLLOW THROUGH ON COMMITMENTS: _____

REVERENCE 1: _____ EMAIL: _____ PHONE: _____

REVERENCE 2: _____ EMAIL: _____ PHONE: _____

REVERENCE 3: _____ EMAIL: _____ PHONE: _____

Life Coach Certification Training

Cost includes 1 2-hour session per month with payment due on the first of each month \$2,000

Cost if paid up front for all 10 months \$1,800

To register, total payment or first and last monthly payment with agreement to the monthly plan, must accompany this application.

- I am including total payment for the program in the amount of \$1,800.
- I am including my first payment of \$400 (non-refundable) for the first and last session and agree to pay \$200 on the first of each month (beginning with the month of the second session) for 8 consecutive months.
- Please bill my credit card for my first payment of \$400 (non-refundable) for the first and last session and \$200 on the first of each month (beginning with the month of the second session) for 8 consecutive months.

Credit Card # _____ Exp Date _____ Security code (last 3 digits on back) _____

Please make checks payable to Living Purpose Institute and send to the address above.

Signature _____ Date _____ **Please make a copy for your records.**