



## REGISTRATION FORM

Date \_\_\_\_\_ Student's email \_\_\_\_\_

How did you find out about our program? Radio \_\_\_\_\_ Friend \_\_\_\_\_ Brochure \_\_\_\_\_ Counselor \_\_\_\_\_

Other (please specify) \_\_\_\_\_

Have you attended a **Spark Dynamics** program before? \_\_\_\_\_

Student's School \_\_\_\_\_

Student's Grade \_\_\_\_\_ Student's Counselor \_\_\_\_\_

## STUDENT'S PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First MI

Home Address \_\_\_\_\_

City State Zip

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Call to set up your first meeting with your personal counselor.

**Program Fee:** \$2995 for the initial 45 hour program

**Payment Schedule:** \$395 due at time of registration  
\$200 due the first meeting  
Remaining payments of \$400 are due monthly.

**Form of Payment:** (circle one) 1. Check 2. PayPal on their secure website (link on [www.sparkdynamics.com](http://www.sparkdynamics.com))

Amount Paid \_\_\_\_\_ Parent's Name \_\_\_\_\_ Phone # \_\_\_\_\_

## Spark Dynamics

Janet Hefren, Director

[www.sparkdynamics.com](http://www.sparkdynamics.com)

MAIL TO:

**Spark Dynamics**  
1841 Beech Grove  
Charlottesville, VA 22911

OR CALL:

Phone: (434) 978-1078  
FAX: (434) 973-6444  
Cell: (434) 242-1319