

Weekend Registration Payment Options

The Weekend Program Fee is \$790.

Full payment is greatly appreciated. A minimum \$190 nonrefundable deposit will reserve your space on a weekend. The \$600 balance is due seven (7) days before the weekend program start date.

Payment Options

Victories understands that participants may need flexibility to pay the program fee. We offer two payment plans: \$190 nonrefundable deposit, and then a payment plan of \$100/month for 6 months or \$50/month for 12 months (credit or debit card required). Payment plans begin the 15th of the month after the weekend. For example, if a weekend occurs September 28-30, 2018, the first installment would be charged October 15, 2018.

Financial Assistance

Victories is happy to offer additional financial assistance to those who need it. We understand that it can be difficult to ask for help, but we encourage you not to let financial concerns stand in the way of attendance. We can help you attend a weekend on a payment plan that works for you. Please complete our Financial Assistance Form (see pgs 3-4) and return to Victories.

Refund Policy

- A. If you cancel prior to two weeks before the weekend, all payments will be refunded less the \$190 nonrefundable deposit.
- B. If you cancel within two weeks before the weekend, all payments will be refunded less the \$190 nonrefundable deposit and a \$100 processing fee.
- C. If you cancel less than 48 hours prior to the weekend, you will receive no refund.
- D. No other refunds.

Registration

To register for a weekend, please complete the following pages, as appropriate. Return the form(s) via mail, fax, or scan/email.

If you have any questions, please call the Victories Office at 312.604.5013 or email at admin@victoriesformen.org.

Weekend Registration & Payment

Weekend: BreakThrough ___ Sep 28-30 ___ Oct 26-28 ___ Nov 30-Dec 2
 Wisdom Years ___ Oct 5-7
 Shadow ___ Oct 19-21

Name of Participant: _____

Email of Participant: _____

Phone # of Participant: cell: _____ home/work: _____

Mailing Address for Participant: _____

Who Referred You to Victories? _____

Is this person your therapist? ___ Yes ___ No

What is your birthdate? _____

Choose Your Payment Option:

- ___ I will pay the full \$790 now.
- ___ I will pay the \$190 nonrefundable deposit now and \$600 no later than seven (7) days before the program start date.
- ___ \$190 nonrefundable deposit, payment plan of \$100/month for 6 months (credit or debit card required)
- ___ \$190 nonrefundable deposit, payment plan of \$50/month for 12 months (credit or debit card required)
- ___ I will complete the Financial Assistance Form.

Payment

Please provide debit/credit card details below (VISA, MasterCard, Discover, AMEX). You may also call the Victories Office with card details. This card will be used for payment plans if designated above.

Credit Card Number: _____ Expiration: ____/____

Name on Card: _____
 (please print)

Billing Address for Card: _____

Acknowledgment of Refund Policy and Payment Plan

Signature of Participant _____ Date _____

Signature of Cardholder (if not participant) _____ Date _____

Financial Assistance Form

Thank you for considering a Victories program. To be considered for financial assistance or a payment plan, this form must be completed and returned to the Victories office via mail, fax, or email. Questions can be addressed to 312.604.5013 or admin@victoriesformen.org.

Name: _____ Date: _____

Phone: _____ Email: _____

Mailing Address: _____

What is your birth date: ____/____/____
month date year

Who referred you to Victories? Please provide first and last name (if applicable): _____

Is this person your therapist? ____yes ____no

Victories Program You Wish to Attend:

- BreakThrough Weekend, Dates: _____
- Wisdom Years Weekend, Dates: _____
- Shadow Weekend, Dates: _____
- Couples Weekend, Dates: _____
- Personal Growth Group, Weekend Affiliation Dates: _____
- Training, Dates: _____
- Other: _____

Please answer the following questions to help us more fully understand your financial need and interest in the Victories program(s) for which you are applying.

1. Please describe the amount that you can contribute to your program fee (standard cost is \$790):

- The total amount that I'm able to pay towards the cost of the program is \$_____.

Please indicate how you would like to pay this amount:

\$_____ I can pay this total amount now.

\$_____ I would like to pay this amount in installments.

I am able to pay a nonrefundable deposit amount of \$____. (\$100 minimum deposit accepted)

I need monthly installments of \$_____ over ____ months. (The minimum monthly installment payment is \$15/month; 18 months is the maximum installment plan.)

2. BreakThrough and Wisdom Years Weekend participants are strongly encouraged to join others from the weekend in the Personal Growth Group that follows it. The standard fee for participation is \$150 to cover facilitation costs.

- I plan to participate in the Personal Growth Group. I will also need assistance with this fee, but I am willing to pay \$_____ (\$50 minimum). Payment Plans are available for Personal Growth Groups, as well.
- I plan to participate in the Personal Growth Group, and I can afford to pay the entire \$150.

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Application Page 2

3. Please answer the following questions in detail (use a separate sheet of paper if necessary):

Why do you want to participate in this Victories program? What do you hope to learn from this experience?

Please describe your current financial situation and why you are requesting assistance.

Victories is a non-profit organization with limited funds for scholarships. Our revenue from program fees does not cover our costs. This difference is made up through generous donations from our alumni community. Should your financial circumstances improve, would you be willing to consider helping other men by making a future contribution to the scholarship fund?

_____ Yes, I would consider making a future contribution when my financial circumstances improve.

If any scholarship funds are awarded, I agree to write a brief summary of my experience (1-2 pages) and allow Victories to use the written summary for marketing and alumni communication purposes. Summary submission can be anonymous. Submission should be emailed to admin@victoriesformen.org within 30 days of completion of the program for which scholarship funds were received.

_____ Yes, I am willing.

Our mission is to give many more men the opportunity to experience the benefits of our programs. Would you be willing to help Victories accomplish this by committing to recruiting at least 1 man into a weekend or other program this calendar year?

_____ Yes, I am willing.

Applicant Signature

Date

Applicant Printed Name

Please note: All of the information provided on this financial assistance application is confidential and only reviewed by the Victories Administrative staff. Weekend Leaders and Staff are not aware of which participants are on scholarship.

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