

## Couples Weekend Registration Form

### **The Weekend Program Fee is \$895 per couple.**

Full payment is greatly appreciated. A minimum \$250 nonrefundable deposit will reserve your space on a weekend. The \$645 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: \$250 nonrefundable deposit, and then a payment plan of \$107.50/month for 6 months or \$53.75/month for 12 months (credit or debit card required). Payment plans begin the 15<sup>th</sup> of the month after the weekend. For example, if a weekend occurs January 18-20, 2019, the first installment would be charged February 15, 2019.

### **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 \$250 nonrefundable deposit.
- B. If you cancel within two weeks before the weekend, all payments will be refunded less the \$250 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](mailto:admin@victoriesformen.org).

**Couples Weekend Registration & Payment**

Name of Participant: \_\_\_\_\_

Email of Participant: \_\_\_\_\_

Phone # of Participant: cell: \_\_\_\_\_ home/work: \_\_\_\_\_

Mailing Address for Participant: \_\_\_\_\_

\_\_\_\_\_

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

**Choose Your Payment Option:**

I will pay the full \$895 now.

I will pay the \$250 nonrefundable deposit now and \$645 no later than seven (7) days before the program start date.

\$250 nonrefundable deposit, payment plan of \$107.50/month for 6 months (credit or debit card required)

\$250 nonrefundable deposit, payment plan of \$53.75/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). This card will be used for payment plans if designated above. You may also mail in a check made payable to "Victories of the Heart NFP" for the full amount or the \$250 deposit; payment plans cannot be paid by check.

Credit Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ / \_\_\_\_\_

Name on Card: \_\_\_\_\_ CVV: \_\_\_\_\_  
(please print)

Billing Address for Card: \_\_\_\_\_

\_\_\_\_\_

**Acknowledgment of Refund Policy and Payment Plan**

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

[www.VictoriesForMen.org](http://www.VictoriesForMen.org)

## Financial Assistance Form

Thank you for considering a Victories program. To be considered for financial assistance, complete and return this form to Victories via mail, fax, or email. Questions? Contact Victories at 312.604.5013 or [admin@victoriesformen.org](mailto: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:

- Couples Weekend, Dates: \_\_\_\_\_

**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 (Couples Weekend \$895):

- 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. The Couples Weekend may offer a follow-up session for an additional cost. If one is offered, you will be contacted to see what amount you can contribute towards that fee.

Financial Assistance 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](mailto: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.*

[www.VictoriesForMen.org](http://www.VictoriesForMen.org)