



## 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 15<sup>th</sup> of the month after the weekend. For example, if a weekend occurs October 25-27, 2019, the first installment would be charged November 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 \$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](mailto:admin@victoriesformen.org).

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



### 2019-20 Weekend Registration & Payment

Weekend: BreakThrough  Dec 6-8, 2019  March 6-8, 2020  June 5-7, 2020  
Wisdom Years  Jan 31-Feb 2, 2020  May 1-3, 2020  
Shadow  Oct 16-18, 2020  
Best Self  Apr 24-26, 2020  
Couples  May 29-31 (\$250 nonrefundable deposit)

Name of Participant: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_.

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 \$790 now. (\$895 for Couples Weekend)
- I will pay the \$190 nonrefundable deposit now and \$600 no later than seven (7) days before the program start date.
- I will pay the \$250 nonrefundable deposit for the Couples Weekend now and either pay the \$645 no later than seven (7) days before the program start date, or a payment plan of \$107.50 for 6 months or \$64.50 for 10 months
- \$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:** Payment can be made online, by calling the Victories office, or by providing the debit/credit card details below (VISA, MasterCard, Discover, AMEX). If choosing a payment plan, the card provided below will be used for the designated plan. You may also mail in a check made payable to "Victories of the Heart NFP" for the full amount or the \$190 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 Cardholder (if not participant) \_\_\_\_\_ Date \_\_\_\_\_



## 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:

- BreakThrough Weekend, Dates: \_\_\_\_\_
- Wisdom Years Weekend, Dates: \_\_\_\_\_
- Shadow Weekend, Dates: \_\_\_\_\_
- Couples Weekend, 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, \$895 for Couples):

- 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 (PGG). The standard fee for participation is \$150 to cover facilitation costs.

- I plan to participate in the PGG. I will need assistance with this fee, but I am able to pay \$\_\_\_\_\_ (\$50 min).
- I plan to participate in the PGG, and I can pay the full \$150.

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

p 312.604.5013 | f 312.386.7101 | Mailing: 5315 N. Clark Street, #224, Chicago, Illinois 60640 | [admin@victoriesformen.org](mailto:admin@victoriesformen.org)



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)

p 312.604.5013 | f 312.386.7101 | Mailing: 5315 N. Clark Street, #224, Chicago, Illinois 60640 | [admin@victoriesformen.org](mailto:admin@victoriesformen.org)

