

Name: _____

Position: _____

Years in Position: _____ Years with Company: _____

DOB: _____

E-mail Address: _____

Primary Phone #: _____ (O)_(C)_(H) Secondary Phone #: _____ (O)_(C)_(H) _____

Home Address: _____

COMPANY INFORMATION

Name of Company: _____

Address: _____

Website: _____ Years with Company: _____

Name of Company Sponsor: _____ Position: _____

Sponsor Phone #: _____ Sponsor Email: _____

Cost of the program is \$5400- A \$1500 deposit is due at signing. The balance is due 10 days before the first class.

A monthly payment option is available with \$1500 down and \$390 a month for 11 months.

Make check payable to: BOAR **Mailing address:** BOAR 9115 W Russell Rd, Suite 210, Las Vegas, NV 89148 **Email:** info@BOARCommunity.com

Cancellation Policy: Up until the completion of the first meeting, a full refund will be granted. Until the third meeting, a pro-rated credit will be granted.

If a participant leaves the program for any reason after the first quarter, no refund will be granted.

Applicant Signature: _____ Sponsor Signature: _____

Title: _____ Date: _____ Title: _____ Date: _____

The first meeting will take place on July 28th and will be a full working day.

Thereafter the schedule of meetings are as follows:

UPCOMING DATES

● July 28, 2020

● August 25, 2020

● September 22, 2020

● October 27, 2020

● November 24, 2020

● December 22, 2020

● January 26, 2021

● February 23, 2021

● March 23, 2021

● April 27, 2021

● May 25, 2021

● June 22, 2021

●=Full Day

●=Half Day

BILLING OPTIONS

Pay in Full: \$5,400 Paid in Full **Monthly Payments:** \$390 a month for 11 months with \$1500 due at Signing

Option one: ACH

Routing Number: _____ Accounting Number: _____

Account Type: Checking Savings Consumer Business

Option two: Credit Card

Card Holder Name (as shown on card): _____

Card Number: _____ Expiration Date (mm/yy): _____ Billing Address Zip Code: _____

Card Type: Visa MasterCard American Express

I, _____, authorize BOAR to process the agreed upon payment according to the terms selected above. I understand that my information will be saved on file for future transactions on my account.

Payment Authorized Signature: _____ Date: _____



www.boarcommunity.com
855-922-BOAR (2627)