

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 \$5900 - 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 \$440 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 February 18, 2021
Thereafter the schedule of meetings are as follows:**

UPCOMING DATES

- **February 18, 2021**
- March 18, 2021
- April 22, 2021
- **May 20, 2021**

- June 24, 2021
- July 22, 2021
- **August 19, 2021**
- September 23, 2021

- October 21, 2021
- **November 18, 2021**
- December 16, 2021
- January 20, 2022

**Bold dates are
full days**

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

BILLING OPTIONS

Pay in Full: \$5,900 Paid in Full **Monthly Payments:** \$440 a month for 11 months with \$1500 due at signing

Option one: ACH

Routing Number: _____ Accounting Number: _____

Account Type: Checking Savings Consumer Consumer

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: _____



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