

PATH International Registered Instructor Workshop and Certification

Registration Form

Name: _____ (Over 18: Yes No)

Address: _____

City _____ State _____ Zip Code _____

Home Phone _____ Work/Cell Phone _____

Email _____

Please register me for:

____1) PATH Registered Workshop

I have enclosed:

_____ Check for \$400

____2) PATH Certification*

I have enclosed:

_____ Check for \$300

_____ Copy of PATH Instructor-In-Training letter

_____ Copy of PATH Membership card

_____ Copies of CPR and First Aid cards

** Once you have submitted the above mentioned registration materials, Fieldstone Farm will mail you the PATH PHASE II packet. PHASE II packets must be returned to Fieldstone Farm by Friday, July 9, 2016.*

Payment Information

Please make checks payable to: Fieldstone Farm

Return this form with payment to: Attn: Tonya Zimmer, Fieldstone Farm, 16497 Snyder Rd. ,
Chagrin Falls, OH 44023

All payments subject to 60 day/100% refund - 30 day/50% refund - no refund with less than 30 days notice.

For additional information, please contact Tonya Zimmer at 440-708-0013 ex.128 or