PATH International Registered Instructor Workshop and Certification Registration Form

Name:			(Over 18: Yes No)
Address:			
City	S	tate	Zip Code
Home Phone	hone Work/Cell Phone		
Email			
PATH numb	er		
Please regis	er me for:		
1) PAT	H Registered Workshop		
I have enclosed:			
	Check for \$400		
	Audit with workbook \$	5135	
	Audit without workboo	k \$100	
2) PA	ΓΗ Certification*		
I hav	e enclosed:		
	Check for \$300		
	Copy of PATH Instructo	r-In–Training letter	
	Copy of PATH Members	ship card	
	Copies of CPR and First A	Aid cards	
•	have submitted the above mention PATH PHASE II packet. PHASE D	_	
Payment Information			
Please make che	ecks payable to: Fieldstone Farm		

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

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

30 days notice.

For additional information, please contact Tonya Zimmer at 440-708-0013 ex.128 or <u>Email: tzimmer@fieldstonefarmtrc.com</u>