

Ravines Client Agreement

Couples Counseling Intensive



Name:	
Address:	
City, State, Zip	
Phone: (home/cell)	
Email:	

Payments Counseling Intensive (15-18 hours) \$3250.00	Amount received (for Ravines use)	form of payment check/credit card	Balance due
Client Commitment \$ <input type="text"/>			
Client Deposit \$500.00	Amount Date	Check #	
Friends/Family Commitment \$ <input type="text"/>	Amount Date	Check #	
Church Commitment \$ <input type="text"/> Name of church: _____	Amount Date	Check #	
Ravines Financial Assistance \$ <input type="text"/>	Amount Date		
Client payment	Amount Date	Check #	
Client payment	Amount Date	Check #	
Client payment	Amount Date	Check #	
Client payment	Amount Date	Check #	
Totals			

I have read the above charges and agree to pay same. Enclosed is my deposit of \$500.00 (non-refundable) to begin The Ravines CCI Program. I understand that the intensive will not begin if my final payment is not received prior to arrival.

(Client Signature)

Date

Please return this form to: The Ravines, Attn: Executive Director, 100 E. 81st Ave., Dyer, IN 46311