

**Ravines Client Agreement**  
**Couples Counseling Intensive**

Date Invoice created: \_\_\_\_\_



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

Payments Couples Counseling Intensive (15 hours) \$3500.00	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 #	
<b>Totals</b>			

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: Patti Jabaay, Exec. Dir., 100 E. 81<sup>st</sup> Ave., Dyer, IN 46311