

# APPLICATION

## YOUR DETAILS

Name	<input type="text"/>		
Date of Birth	<input type="text"/>	Age	<input type="text"/>
Street Address	<input type="text"/>		
City	<input type="text"/>	Postal Code	<input type="text"/>
Phone (day)	<input type="text"/>	Phone (evening)	<input type="text"/>
Email	<input type="text"/>		

## PERSONAL GOALS

What do you hope to learn from this program?

Is there anything that you want to heal or change?

## PAYMENT OPTIONS

### SELECT ONE:

- Quarterly Payments of \$225 +HST, due the first class of each quarter (September, December, March, June)
- Full Year Payment of \$625 +HST (savings of \$50), due by the first class in September

### PAYMENT METHOD:

- Online at bloominstitute.  cash
- e-transfer to info@bloominstitute.
- credit card
- cheque payable to Bloom Institute

Return completed form to [info@bloominstitute.ca](mailto:info@bloominstitute.ca) OR Bloom Institute 989 Young Ave. Halifax, NS B3H 2V9