ROB VIVIAN COACHING
THE ULTIMATE COACHING SOLUTION

SCRIPTS & DIALOGUE BOOTCAMP

Print and Fax to: 905 239 6008

Name: _____

OFFICE ADDRESS

Name: _____

Street Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

CONTACT INFORMATION

Business Number: _____ Fax Number: _____

Home Number: _____ Cell Number: _____

Email Address: _____

PAYMENT: $495.00 + HST = $560.00

Payable: 1) *by cheque to: **Rob Vivian Coaching** OR 2) circle one: **VISA / MASTERCARD / AMEX**

Name (as appears on your card): _____

Card Number: _____ Exp. Date: _____

*We do not accept VISA Debit cards C.V.C. Code: _____

TERMS

Participant understands and agrees that his/her contract is a 8 week commitment from the date of the first scheduled class.

_____ _____ _____ _____

Participants Signature Date Rob Vivian Date