



# All Art of Mentoring Programs

Vermont Wilderness School

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## Enrollment Reservation (Please print in ink)

Participant's Name	Date of Birth	Art of Mentoring Program Registering for:
1) _____	____/____/____	Adult: <input type="checkbox"/> 1 <sup>st</sup> Time <input type="checkbox"/> 2 <sup>nd</sup> Time <input type="checkbox"/> 2 <sup>nd</sup> Time Elder <input type="checkbox"/> Youth <input type="checkbox"/> Teen
2) _____	____/____/____	Adult: <input type="checkbox"/> 1 <sup>st</sup> Time <input type="checkbox"/> 2 <sup>nd</sup> Time <input type="checkbox"/> 2 <sup>nd</sup> Time Elder <input type="checkbox"/> Youth <input type="checkbox"/> Teen
3) _____	____/____/____	Adult: <input type="checkbox"/> 1 <sup>st</sup> Time <input type="checkbox"/> 2 <sup>nd</sup> Time <input type="checkbox"/> 2 <sup>nd</sup> Time Elder <input type="checkbox"/> Youth <input type="checkbox"/> Teen
4) _____	____/____/____	Adult: <input type="checkbox"/> 1 <sup>st</sup> Time <input type="checkbox"/> 2 <sup>nd</sup> Time <input type="checkbox"/> 2 <sup>nd</sup> Time Elder <input type="checkbox"/> Youth <input type="checkbox"/> Teen

Adult (18yr+): \$700 for Art of Mentoring, Adult Nature Immersion Program, Towards Elderhood; Teen Rendezvous (13-17, occ. 12): \$500; Youth (3-12 yrs) & Caregivers with young child: \$275

**Art of Mentoring Dates/Year:** \_\_\_\_\_

Total Cost \$\_\_\_\_\_. Deposit: \$100  I will be applying for financial aid.

I will download your workshop welcome packet from your website when available. No need to mail it.

Please mail me a welcome packet.

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**Office Use Only:**  Recorded in database  Mailed Welcome Packet Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Method:**

Cash

Check

Visa

**If you registered through Vermont Wilderness School, make your check payable to Vermont Wilderness School. If you registered through your regional community coordinator, make you check payable to your local school and send it to them.**

Mastercard Card # \_\_\_\_\_

Exp Date \_\_\_\_\_ Security Code \_\_\_\_ \_

Name on Card \_\_\_\_\_

Please charge my balance to this credit card 5 days before the program starts.

Billing Address (if different from below): \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Office Use only:** Deposit: cred card charged by (initial): \_\_\_\_\_ Date: \_\_\_\_\_ QB: Date: \_\_\_\_\_ Init: \_\_\_\_\_

Balance: cred card charged by (initial): \_\_\_\_\_ Date: \_\_\_\_\_ QB: Date: \_\_\_\_\_ Init: \_\_\_\_\_

Name of Person Responsible for Payment \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (continued) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

e-mail \_\_\_\_\_

Previous Vermont Wilderness School programs attended (Name and Year): \_\_\_\_\_

How did you learn about our Programs?  Friend  Newsletter  Web  Class Trip  Other

Please Give Details on Above \_\_\_\_\_