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APPLICATION FOR LIFE PURPOSE COACH CERTIFICATION PROGRAM

NAME: _____ DATE: _____ OCCUPATION _____ BIRTH DATE: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE _____

EMAIL: _____

EMERGENCY CONTAC: _____ PHONE: _____

MY REASON FOR TAKING THE LIFE PURPOSE COACHING CERTIFICATION PROGRAM IS: _____

PREVIOUS SELF GROWTH EXPERIENCE AND PROGRAMS: _____

THREE REFERENCES OF INDIVIDUALS WHO CAN ATTEST TO MY CHARACTER, INTEGRITY, AND FOLLOW THROUGH ON COMMITMENTS: _____

REVERENCE 1: _____ EMAIL: _____ PHONE: _____

REVERENCE 2: _____ EMAIL: _____ PHONE: _____

REVERENCE 3: _____ EMAIL: _____ PHONE: _____

Life Coach Certification Training

Cost includes 3 1-hour prerequisite coaching sessions and 10 2-hour training sessions \$2,860

Cost if paid up front for the complete program (non-refundable) \$2,500

To register, total payment of first and last monthly payment with agreement to the monthly plan must accompany this application.

- I am including total payment for the program in the amount of \$2,500 (non-refundable).
- I am including my first payment of \$360 (non-refundable except in the case of applications that are declined) for the first coaching session and last training session, and agree to pay \$120 each for the remaining 2 prerequisite coaching sessions, and \$250 on the first of each month (beginning with the first training session) for 9 consecutive months.
- Please bill my credit card for my first payment of \$360 (non-refundable) for the first coaching session and last training session and \$250, \$120 each for the 2 additional coaching sessions and \$250 per month (beginning with the first training session) for 9 consecutive months.

Credit Card # _____ Exp Date _____ Security code (last 3 digits on back) _____

Please make checks payable to Living Purpose Institute and send to the address above.

I understand that my certification is contingent on completing all course materials, a final exam, and 50 documented coaching sessions, which will be achieved through class sessions and assignments.

Signature _____ Date _____ **Please make a copy for your records.**