

STANLEY H. KING COUNSELING INSTITUTE at FOUNTAIN VALLEY SCHOOL

August 2 – August 7, 2012

REGISTRATION FORM

Please register the following representative for the 2012 Stanley H. King Counseling Institute at Fountain Valley School of Colorado, Colorado Springs, Colorado.

PARTICIPANT

Name: _____ Male Female

Home Address: _____

Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

School Phone: _____ Name for Nametag: _____

e-mail: _____

Department/Job Responsibilities: _____

SCHOOL INFORMATION: (please print)

School Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

School Phone: _____ School Fax: _____

Registration must be accompanied by a check for the full tuition for each participant.

Enclosed is a check, made payable to **Fountain Valley School/Stanley H. King Institute**, for _____ (\$1850 per participant; \$1750 if received by April 1). Payment includes tuition, room and board, and the use of recreational facilities.

PLEASE NOTE: NO REFUND FOR CANCELLATION WILL BE MADE AFTER MAY 15, 2012.

SCHOOL OFFICIAL: (please print)

Name: _____ Title: _____

Signature: _____ Date: _____

In order to ensure your registration, please return this form together with your check as soon as possible to:

Summer Programs @ FVS
The Stanley H. King Counseling Institute
Fountain Valley School of Colorado
6155 Fountain Valley School Road
Colorado Springs, CO 80911

Tel: 719-390-7035
Fax: 719-392-6138