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| **Term 2 2020** | |  | | | | * **Tuesday Evenings**   **Tuesdays Evenings 7.30 to 10.00 pm**  February 6th, 13th, 20th & 27th  March 6th, 20th & 27th  April 10th, 17th & 24th   * **7:30 to 9:30 pm.** * July 21st, & 28th * August 4th, 25th * September 1st, 8th, 15th & 22nd * Oct 13th & 20th | | |
| * July 14th 2020 | | |
| **LifeWell South** Wellness Centre, 1204 South Road, Clovelly Park SA 5042 | | |
| * $ 75.00 * $ 50.00 consession. * Includes workbook and 10 sessions. | | |
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| **Name:** | | **Phone:** | | | **Mobile:** | | | |
| **Address:** | | | | **Email:** | | | | |
| **Suburb:** | | **Postcode:** | | | |  | | |
| **Age Group:** | | **Church if applicable:** | | | | | | |
| A brief interview is part of the application process. If accepted, you commit yourself to attending the whole program at the agreed cost. Your acceptance into the program is subject to confirmation. | | | | | | | | |
| **Please include payment:** | Type of payment: | Cash / Cheques/Credit Card/Direct Debit: | | | | | |
| $75 per person / $45 concession | |  | | | |  | |
| Credit Card Details: No. | | | Expiry Date: | | | | CCV: |
|  | | | | | | | |
| I, hereby declare that I am personally responsible for my physical, mental, emotional and spiritual wellbeing; and I will take precautions to maintain or improve these areas through the duration of the program.  I understand that Careforce Lifekeys, church staff, facilitators, and group participants are in no way liable for my present or future well-being.  I understand that, should I act in any manner that would significantly prejudice the well-being and progress of any fellow course members, I can be required to cease attending the course.  Signed: (type signature is okay for online)  Date: | | | | | | | |