

DIGNITY RECOVERY THERAPY LEVEL 2

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Please enroll me in this workshop!!!

Name _____

Address _____

City, State, Zip _____

Cell Phone (____) _____ Home (____) _____

E-Mail _____

Please answer the following questions: (Please use back side or additional paper if needed)

What do you want to accomplish in DRT-2 in regard to relationship to yourself, your body, others, God. What do you feel is getting in your way from achieving Clarity, Trust, Unconditional Love, and Inner peace.

Dates of the weekends:

1/10-12/25

2/7-9/25

3/7-9/25

4/16/25 weeknight check-in at 7:30 pm

5/16-18/25

6/13-15/25

Please indicate \$200.00 Deposit Method of Payment

Check _____ Credit Card _____ Cash _____

(If paying by check, please mail to **Phoenix Center for Healing, 14875 SW 238th St. Homestead, FL 33032**)

Please check your preferred method of payment for your tuition.

(NOTE: Tuition totals do not include Room & Board charge of \$290.00)

_____ **\$2700** (200.00) discounts if paid in full by January 10, 2025

_____ **\$2900** if paid in installments by June 13, 2025

_____ Beyond June 13, 2025 add 200.00 to the total balance.

Please include the address, phone number and email associated with this Credit Card.

Credit Card Number: _____

Credit Card Expiration: _____ **CVV** _____ **ZIP** _____

I am eager to begin this next step in my growth, and I am committing to myself and to others in the group to complete these 5 weekends.

Signature

Date