

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Years in Position: \_\_\_\_\_ Years with Company: \_\_\_\_\_

DOB: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_(O) \_\_\_(C) \_\_\_(H)\_\_\_ Secondary Phone #: \_\_\_\_\_(O) \_\_\_(C) \_\_\_(H)\_\_\_

Home Address: \_\_\_\_\_

### COMPANY INFORMATION

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Website: \_\_\_\_\_

Name of Company Sponsor: \_\_\_\_\_ Position: \_\_\_\_\_

Sponsor Phone #: \_\_\_\_\_ Sponsor Email: \_\_\_\_\_

Cost of the program is \$5995- A Non-Refundable \$1500 deposit is due at signing. The balance is due 10 days before the first class.

A monthly payment option is available with \$1500 down and \$450 a month for 11 months.

Make check payable to: BOAR Mailing address: BOAR 9115 W Russell Rd, Suite 210, Las Vegas, NV 89148 Email: info@BOARCommunity.com

Cancellation Policy: Up until the completion of the first meeting, a full refund will be granted. Until the third meeting, a pro-rated credit will be granted.

If a participant leaves the program for any reason after the first quarter, no refund will be granted.

Applicant Signature: \_\_\_\_\_ Sponsor Signature: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**October 19, 2021 will be a virtual orientation from 8:30 a.m. - 10:30 a.m.**

November 16, 2021 will begin the in-person sessions.

Class Schedule	November 16, 2021	March 15, 2022	July 19, 2022	Class Times Are: 8:30am-12:30pm
	December 21, 2021	April 19, 2022	August 16, 2022	
	January 18, 2022	May 17, 2022	September 20, 2022	
	February 15, 2022	June 21, 2022	October 18, 2022	
			November 15, 2022 - <i>Graduation</i>	

## BILLING OPTIONS

**Pay in Full:** \$5,995 Paid in Full    **Monthly Payment Option:** \$450 a month for 11 months with \$1500 due at Signing

### Option one: ACH

Routing Number: \_\_\_\_\_ Accounting Number: \_\_\_\_\_

Account Type:    Checking    Savings    Consumer    Business

### Option two: Credit Card

Card Holder Name (as shown on card): \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date (mm/yy): \_\_\_\_\_ Zip Code: \_\_\_\_\_

Card Type:    Visa    MasterCard    American Express

I, \_\_\_\_\_, authorize BOAR to process the agreed upon payment according to the terms selected above. I understand that my information will be saved on file for future transactions on my account.

Payment Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_



www.boarcommunity.com  
855-922-BOAR (2627)