

**COACHING SPA PROGRAM REGISTRATION AGREEMENT
PLEASE COMPLETE AND FAX TO 270-897-7671**

YES! I want to enroll for the Coaching Spa Program. I understand that this is a morally and legally binding agreement and that I am committing to paying in full.

Select Your Investment Option Below:

____ I agree to a one time payment in full of \$4997.

____ I agree to pay \$497 per month for 12 consecutive months, billed in 30 day increments.

I agree that I am responsible for payment in full and understand there are no refunds.

A 10% late fee will be charged for payments not received, or unable to be processed, by installment due date.

I understand this is a 12-month non-cancelable commitment and that after the twelve (12) month period has elapsed, this agreement will automatically renew on a monthly payment of \$497 per month unless I notify Comprehensive Coaching U, Inc. in writing to discontinue membership.

PRINT LEGIBLY

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Fax (_____) _____

Email Address _____

Print Name: _____

Signature: _____

Date: _____