



WOMEN'S TEENPOWER

Course Enrollment Application

“You helped me find a power I didn’t know I had. I learned to say, ‘My NO means NO’ and make it stick.”

This four-hour workshop for young women ages 13-18 provides a safe and supportive environment for participants to learn and practice emotional and physical safety techniques. Students learn skills for healthy relationships and to set boundaries in uncomfortable or unsafe situations, including peer pressure, verbal attack and harassment. This program also uses a head-to-toe padded instructor to give students the opportunity for realistic and safe practice of simple and effective self-defense. Our services provide a professional training that most participants tell us is life changing. This class is limited to 12 students.

Fees: The workshop fee is \$110 per teen. Discounts of \$10 will be given if more than one teen enrolls from the same family in the same class. Payment plans and scholarships are available; we also accept MasterCard, Visa and Discover. If you need scholarship support, please enclose a brief letter about the situation and a payment for the amount you can afford.

To Register: Please send the completed enrollment form with payment to Kidpower, 10 Boulder Crescent, Suite 100, Colorado Springs, CO 80903. **We limit our workshop size and must have your payment in order to reserve your spot.**

Please cut and keep the top portion for your records.

✂
Name of Person Enrolling Teen: _____

Relationship to teen: _____ Are you the legal guardian of the teen? _____

Teen’s Name: _____ Age: _____ Birthdate: _____

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School Attending: _____ Grade: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Email: _____

How did you hear about Teenpower? _____

Please enroll us in the class of: August 25, 2018, 9am – 1pm February 9, 2019, 9am – 1pm
 November 3, 2018, 9am – 1pm

I have enclosed: Deposit for one teen (\$110) Deposit for two teens (\$210)

Method of Payment: Check (Made payable to Kidpower)
 Victim’s Compensation: Application in process Application Approved, Claim # _____
 Scholarship Fund
 Charge to my credit card: Visa MasterCard Discover

Card Number: _____ Exp. Date: _____

Name as it appears on card: _____ Signature: _____

Enclosed is my tax-deductible donation of \$_____ to help provide a scholarship for a student in need.

Are there any health problems or special circumstances that we should know about? Is your teen currently taking medication?
Does your teen have any learning, sensory, emotional or attention issues that may affect their participation in class?

Please turn over...

