



THE R.E.L.E.A.S.E. METHOD™ INSTITUTE

Enrollment Application

Applicant Information

Full Name

Preferred Name

Home Address

City _____

State _____ Zip _____

Phone _____

Email _____

Occupation _____

Employer _____





THE R.E.L.E.A.S.E. METHOD™ INSTITUTE

Professional Background

Have you ever facilitated a workshop?

☐ Yes

☐ No

If yes, describe your experience.

Current Certifications

Church or Organization

Why Do You Want To Become Certified?

Please tell us why you would like to become a Certified R.E.L.E.A.S.E. Method™ Facilitator.





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Tuition Agreement

Program Tuition

\$497

Payment Options

☐ Paid in Full

☐ Three Payments of **\$165**

I understand tuition must be paid according to the selected payment option before certification is awarded.

Participant Signature

Date _____

