



Life Skills Collaboration

Intake Form

Life Skills Collaboration or their affiliates will not be held responsible for any liability, lost or stolen or damaged merchandise or any injury incurred during the event.

Date

Training Type

Client Name

Occupation

Client Information

Home Phone

Cell Phone

Email Address

Address

City

State

ZIP Code

Ethnicity (Optional)

DOB

Gender

What are your expectations from this training?

Is this training necessary for a new opportunity?

How did you hear about us?



LOCATION

3846 Front St. Winnsboro La, 71295

PHONE NUMBER

866.933.5665

EMAIL

LCOLLABORATION@YAHOO.COM