



ORaela COACHING REGISTRATION FORM

Applicant's name and address

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Gender: (please specify) Male _____ Female _____ Age: _____

Parent's Contact (if applicant is less than 18 years old only)

First Name: _____ Last Name: _____

Phone: _____

Email: _____

Level of education completed

High School: Yes / No University: Yes / No

Area of interest: _____

Programs: Technology / Meal preparation / Finance / Entrepreneurship

Session duration and cost

Session 1 1 week / Session 2 2 weeks / Session 3 3 weeks / Session 4 6 weeks

Session Cost Session 1 \$50 Session 2 \$90 Session 3 \$200 Session 4 \$360

Payment method

Cash / Card / Zelle

Applicant's Signature: _____ **Date:** _____

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FOR A DESIGNATED ORaela COACHING OFFICER ONLY

Application received by: _____ Date: _____

Signature: _____