

REGISTRATION

Leadership Training (& Family Retreat)!

March 22-25, 2007



**Club Med Sandpiper
Port St. Lucie, Florida USA**

Please complete one registration form per ROOM. Each room holds a minimum of 1 adult participant and a maximum of 2 adults and 2 children (4 months to 15 years).

Fees include

- Leadership Training, Coaching & Materials for all enrolled Training Participants
- Accommodations & Gourmet Dining starting with dinner on March 22nd through lunch on March 25th.
- Quality Alcoholic and Non-Alcoholic Beverages
- Mini Club Med For Children 4-11 years
- Baby & Petite Club for Children 4 months – 3 years
- Club Med Sandpiper Leisure and Sports Activities (excluding programs at an additional cost)
- Membership Fees

Guest #1

Full Legal Name: _____
Birthday (MM/DD/YYYY) _____
Street Address: _____
City/State/ZIP/Country: _____
Telephone 1: _____ **Telephone 2:** _____
Email: _____

Check one:
____ **Adult Participant #1** **\$1850.00**

Guest #2

Full Legal Name: _____
Birthday (MM/DD/YYYY) _____
Street Address: _____
City/State/ZIP/Country: _____
Telephone 1: _____ **Telephone 2:** _____
Email: _____

Check one:
____ **Free 1st child in room with Adult Participant #1**
____ **2nd Adult (Participant) in room**
____ **2nd Adult (Non-Participant) in room**

FREE
add \$ 950.00
add \$ 750.00

+ \$ _____
-OVER-

Guest #3

Full Legal Name: _____
Birthday (MM/DD/YYYY) _____
Street Address: _____
City/State/ZIP/Country: _____
Telephone 1: _____ Telephone 2: _____
Email: _____

Check one:

___ Free 1st child in room with Participant #1 **FREE**
___ 2nd child in room with Participant #1 **add \$ 400.00**
___ 2nd Adult (Participant) in room **add \$ 950.00**
___ 2nd Adult(Non-Participant) in room **add \$ 750.00**
+ \$ _____

Guest #4

Full Legal Name: _____
Birthday (MM/DD/YYYY) _____
Street Address: _____
City/State/ZIP/Country: _____
Telephone 1: _____ Telephone 2: _____
Email: _____

Check one:

___ 2nd child in room with Participant #1 **add \$ 400.00** + \$ _____

TOTAL AMOUNT DUE **\$ _____**

A non-refundable deposit of \$400 per guest is due on or by January 24, 2007

Non-refundable Deposit **\$ _____**

Payment in full due February 18, 2007.

BALANCE DUE **\$ _____**

AMOUNT ENCLOSED **\$ _____**

Please keep a copy & mail this with your check payable in US dollars to:

Execu-Care Coaching & Consulting
2442 El Molino Avenue
Altadena, CA 91001

For credit card & Pay Pal payments, call us at 626.644.7745.

