

THE PEACE CENTER

VIP Registration

Date _____

Students Name _____ Age _____

Parents Names _____

Address _____

City _____ St _____ Zip _____

Telephone, Day _____ Eve _____

e-mail _____

Referred by _____

Registration requires payment in advance of \$400.00 for the 12 sessions

___ Please contact us about applying for financial assistance

Check for \$ _____ payable to "The Peace Center" is enclosed, or:

Charge \$ _____ to my ___ Visa ___ MC credit card:

_____-_____-_____-_____ Exp. date: ___ / ___

Name on card _____

Parents and guardians are strongly encouraged to participate in a parallel program concurrent with the youth sessions.

Please send more information about the optional Parent Component _____

Mail this form with your payment to:

The Peace Center
102 W. Maple Ave.
Langhorne, PA 19047-2820