



REGISTRATION FORM

Student Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent/Guardian (applicants are minors): \_\_\_\_\_

Parent/Guardian email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for applying to the ACADÉMIE? \_\_\_\_\_

Desired area of focus: \_\_\_\_\_

LE PONT VERS LA ViE ACADÉMIE COURSE SELECTION: (choose one)

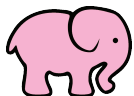
- A Taste of Elegance - One Day Saturday Seminar \$500 (including formal dinner)
- Junior (U11) \$1200.00
- Teen - \$1400.00

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Payment Method:  Check - make payable to **Daarlandt Partners Inc.** (mail with Registration Form)  
 Debit/Credit Card (complete below)

CVC   
 VISA  MC  AMEX EXPIRATION DATE / BILLING ZIP

Submit completed registration form via:



**POST:** c/o Daarlandt Partners Inc. 10700 NE 4th Street, Suite 520 Bellevue, WA 98004  
**EMAIL:** info@lepontverslavie.com **FAX:** (855) 843-8426