

Wave of Life Payment Worksheet

PLEASE TYPE OR PRINT ALL INFORMATION

Today's Date: _____ Date (s) course was held: _____

Course Number: _____ Course Title: _____

HOST MINISTRY INFORMATION:

Ministry Name: _____

Mailing Address:

Phone Number: _____

Fax Number: _____

Contact Person: _____

E-mail: _____

Number of Registered Students: _____

Deposit

Remit amount

Number of Registered Students _____ x \$35.00

Remit deposit to Wave of Life when course is confirmed

Balance Due Tuition

Number of Registered Students _____ x \$100.00

*If under 25 students, or if paying "Cost Plus" (see payment policy)
this line amount, plus deposit paid, must equal \$1,800.00 minimum*

Deductions

Number of married couples _____ x \$15.50

- _____

Balance due Wave of Life

Balance due tuition less married couple deduction

How many Wave of Life courses has the ministry hosted
to date in the current calendar year? _____

Please provide the course numbers: _____