

MAVERICKS APPLICATION

FIRST NAME:		LAST NAME:	
ADDRESS:		UNIT #	CITY:
PROV:	POSTAL CODE:	BIRTHDATE:	AGE:
PHONE:		E-MAIL:	
DO YOU HAVE ANY MEDICAL CONDITIONS OR ALLERGIES THAT WE SHOULD KNOW ABOUT? (I.E., LACTOSE INTOLERANT)			
EMERGENCY CONTACT:			

SO WHAT HAPPENS NEXT?

E MAIL YOUR APPLICATION TO FOUNDATIONS@COMMONGROUND-CO-OP.CA

1. **SUBMIT YOUR APPLICATION. MAKE SURE YOU INCLUDE ALL OF YOUR INFORMATION.**
2. **WE'LL CALL YOU TO CHAT MORE ABOUT THE PROGRAM**
3. **LET'S SET-UP A DATE FOR A MEET & GREET SO THE FACILITATOR CAN MEET YOU AND ASSESS YOUR SKILLS**
4. **YOU'RE IN! NOW WAIT FOR AN AVAILABILITY**
5. **A STUDENT PACKAGE THAT INCLUDES MORE INFO, WAIVERS & AN INVOICE WILL BE E MAILED TO YOU WHEN YOU'VE YOUR REGISTERED!**

PAYMENT IS DUE WHEN YOU ARRIVE FOR YOUR FIRST CLASS
\$325 PER PERSON (CASH/CHEQUE ONLY OR CALL US ABOUT HOW TO PAY USING PAYPAL)

MAKE SURE THIS PROGRAM THE RIGHT ONE FOR YOU

- **18 YEARS OR OLDER**
- **ABLE TO STAND FOR AT LEAST TWO HOURS**
- **CAN LISTEN AND FOLLOW INSTRUCTION**
- **WORKS WELL WITH OTHERS IN GROUP LEARNING ENVIRONMENTS HAVE AN INTEREST IN ALL THINGS COFFEE**
- **FINE MOTOR SKILLS AND THE ABILITY TO STAND FOR TWO HOURS IS REQUIRED FOR THIS COURSE**
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FOR MORE INFO CALL ANDREA AT 416-421-7117 EXT. 203

Application received ____ / ____ / ____

Applicant approved Y N

Start Date ____ / ____ / ____

Invoice N^o

Common Ground Co-operative
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