

Big Bend Chapter
Florida State Guardianship Association
1400 Village Square, #3-316, Tallahassee, FL 32312 850.668.5356
Providing Guidance and Education To The Guardianship Community

Eight Hour Family Guardianship Course

Name of Participant(s) _____ Date _____

Mailing Address _____

Email Address _____ Daytime Phone _____

Who referred you to us? _____

Would you like to learn more about the Big Bend Chapter of the Florida State Guardianship Association and becoming a member? Circle one: Yes No

LIVE CLASSROOM

Cost:

1 student \$120
Co-Guardians \$150 (2 students)

All registrations and payments must be received no later than 1 week prior to the course date. Class size is limited.

A light lunch, beverages and all training materials are included, plus a certificate of completion. All classes meet from 8:30 am to 4:30 pm on a Saturday. Dates for 2012:

Saturday, March 02, 2013

Saturday, May 18, 2013

Saturday, August 24, 2013

Saturday, November 09, 2013

(please circle date when you would like to attend)

Location of Classroom Training: Hancock Bank, Community Room, 2453 Mahan Drive, Tallahassee, Florida 32308 (subject to change with notice).

Please make check payable to BBCFSGA and mail check and this registration form to:

BBC-FSGA
1400 Village Square, #3-316
Tallahassee, FL 32312

Fee waivers are available for classroom course only.

DVD COURSE

Cost:

1 student \$145 registration fee plus
\$ 50 refundable DVD deposit

Co-Guardians (2 students, two manual)
\$ 165 registration fee plus
\$ 50 refundable DVD deposit

Course consists of:

1 student manual
1 8-hr. DVD (rented)

Please make check payable to BBCFSGA. When the DVD is returned, you will be refunded the deposit (\$50). If DVD is not returned, no money will be refunded.

Certificate of Completion will be provided within one week of return of DVD.

For information about the guardianship course, please contact **BBC-FSGA at 850-668-5356.**

Mail check and this registration form to:

BBC-FSGA
1400 Village Square, #3-316
Tallahassee, FL 32312

2011-2012 Officers

President Melinda Coulter (850) 488-9546
President Elect Gail Rapp (850) 487-4609
Secretary- Amy Mason-Collins (850) 222-4000
Treasurer- Janet Graham (850) 345-0817

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Fee Waiver for
Family Classroom Guardianship Training

Name of Participant(s): _____

My Address: _____

My Telephone Number: _____

My attorney's name is: _____

I am the guardian of my ____ parent(s) ____ child ____ sibling ____ other family member ____ friend

Name of Person under Guardianship: _____

I was appointed on _____ in _____ County, Florida.

The classroom course I would like to attend is :

Saturday, March 02, 2013

Saturday, May 18, 2013

Saturday, August 24, 2013

Saturday, November 09, 2013

(please circle the date when you would like to attend)

I understand that the class meets from 8:30 a.m. to 4:30 p.m.

In order to receive a fee waiver, you need to have an approved Affidavit of Indigency. Please attach a copy of your approved Affidavit to this application.

I understand that this application is submitted for approval by the board of the Big Bend Chapter of the Florida State Guardianship Association (BBCFSGA) at their next quarterly meeting and that I will be notified in writing of the decision following that meeting. I understand that I am responsible for a \$25.00 per person fee for the costs of the materials. I also understand that the fee waiver is only available for persons taking the classroom course.

Signature: _____ Date: _____

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