

**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*

**8 Hour Family Guardianship Course**

**Name of Participant #1:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Daytime Phone** \_\_\_\_\_

**Name of Participant #2** (if applicable): \_\_\_\_\_

**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**

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**2012 - 2014 Officers**

President - Gail Rapp (850) 487-4609

President Elect - Open

Secretary- Amy Mason Collins (850) 222-4000

Treasurer- Melinda Coulter (850) 488-9546

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☐ (check selection) **LIVE CLASSROOM COURSE**

**Cost: Guardian: \$125** (1 student, 1 manual)  
**Co-Guardians: \$165** (2 students, 2 manuals)

A light lunch, beverages and 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 2014:

**Saturday, February 8, 2014**

**Saturday, May 10, 2014**

**Saturday, August 23, 2014**

**Saturday, November 8, 2014**

(\*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 to students).

**All registrations and payments must be received one (1) week prior to the date of the live class.**

**\*Note:** Students enrolled in the live classroom course who fail to attend the class without providing BBC-FSGA 72 hours advance notice of non-attendance will be charged a **\$25.00 cancellation fee**.

For more information about the 8 hour family guardianship course, please contact **BBC-FSGA at 850-668-5356**

**\*Fee waivers are available for classroom course only\***

☐ (check selection) **DVD COURSE**

**Cost (please mark preference):**

☐ 1 students, 1 manual, 1 DVD = **\$200 total**  
(**\$150** registration fee plus **\$50** refundable DVD deposit)

☐ 2 students, 1 manual, 1 DVD = **\$225 total**  
(**\$175** registration fee plus **\$50** refundable DVD deposit)

☐ 2 students, 2 manuals, 1 DVD = **\$275 total**  
(**\$225** registration fee plus **\$50** refundable DVD deposit)

☐ 2 students, 2 manuals, 2 DVDs = **\$335 total**  
(**\$235** registration fee plus **\$100** refundable DVD deposit)

If the DVD is returned within 60 days, you will be refunded the deposit (\$50 per DVD). If the DVD is not returned within 60 days, the deposit will not be refunded.

**Certificates of Completion will be mailed out within one week after you return the DVD and Affidavit of Completion.**

**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 Waiver for Live Classroom\* Family Guardianship Course**

**\*Fee waivers are available for classroom course only**

Name of Participant #1: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

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Name of Participant #2 (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Our attorney's name is: \_\_\_\_\_

I am/We are guardian of my/our \_\_\_\_parent(s) \_\_\_\_child \_\_\_\_sibling \_\_\_\_other family member \_\_\_\_friend

Name of Person under Guardianship: \_\_\_\_\_

I was/We were appointed on \_\_\_\_\_ in \_\_\_\_\_ County, Florida.

The classroom course we would like to attend is:

**Saturday, February 8, 2014**

**Saturday, May 10, 2014**

**Saturday, August 23, 2014**

**Saturday, November 8, 2014**

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

I/We 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 Indigence. Please attach a copy of your court-approved Affidavit to this application.

I/We understand that the fee waiver is available only for persons taking the classroom course.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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