



## Statement of Commitment & Payment Form

Youth Leadership Adventures

*Please complete and return this form by **May 30th***

I, \_\_\_\_\_ (*print name*), am committing to attend the Youth Leadership Adventures program and **will notify North Cascades Institute staff immediately should anything arise that prevents me from attending.** By accepting this position and signing my name in commitment, I understand that North Cascades Institute is providing me an opportunity that could otherwise be given to another deserving student.

By signing this statement of commitment, I agree to the following: **\*\*\*Please initial next to each line\*\*\***

- \_\_\_\_\_ 1) I have completed all necessary forms to attend and they are true and complete to the best of my knowledge.
- \_\_\_\_\_ 2) In the event that something comes up and I cannot attend my course, I will contact Youth Leadership Adventures staff immediately.
- \_\_\_\_\_ 3) In the event that I will be arriving late to one of the pickup locations, I will contact Youth Leadership Adventures staff as soon as possible so they will know to wait for me.
- \_\_\_\_\_ 4) I agree to follow all of the COVID-19 safety guidelines put in place by the Youth Leadership Adventures program that have been outlined in the welcome packet and will notify Youth Leadership Adventures if I am feeling any symptoms or have possibly come in contact with someone who has tested positive for COVID-19.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

## Payment Form

**Balance due: \$ \_\_\_\_\_**

**\*\*If paying your course fees in full by June 26th is a difficulty, please contact us to schedule a payment plan. Full balance must be received seven days before the start of the course if you are on a payment plan.\*\***

1. Call us with your credit card information at (360) 854-2588;
2. Mail a check made out to North Cascades Institute to:

North Cascades Institute  
Attn: YLA  
810 State Route 20  
Sedro-Woolley, WA 98284

3. Fill out the form below with your credit card information and mail to the above address.

Student name: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Visa/MasterCard/Discover #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Zip Code of Card Holder: \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_