



### Authorization to Charge Form

Event Name: **School of Spiritual Direction** OR **NextStep School of Spiritual Direction**

Sponsored By: NewWay Ministries MONTH/YEAR APPLIED FOR \_\_\_\_\_

Location: Glen Eyrie Conference Center OR The Cove  
Colorado Springs, CO Asheville, NC

	Individual	or	Couple
Tuition and Lodging:	\$2,265.00 per person		\$4,530.00
Single Room (if applicable):	\$ 325.00 per person		N/A
Total Cost:	\$ _____		\$ _____
Previous Amount Paid:	\$ _____		\$ _____
Remaining Balance to be charged:	\$ _____		\$ _____

Please charge the following amount to my credit card on the following date/s:

Charge \$ \_\_\_\_\_ Date to Charge \_\_\_\_\_ NOTE TO NewWay Ministries Staff:  
 Charge \$ \_\_\_\_\_ Date to Charge \_\_\_\_\_  
 Charge \$ \_\_\_\_\_ Date to Charge \_\_\_\_\_  
 Charge \$ \_\_\_\_\_ Date to Charge \_\_\_\_\_  
 Charge \$ \_\_\_\_\_ Date to Charge \_\_\_\_\_

Please use the following credit card;

Name as appears on card: \_\_\_\_\_

Credit Card # (Visa, MasterCard or Discover ONLY): \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3-Digit Security Code: \_\_\_\_\_ Billing St. Address Number: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ Student Name (if different then Name on Card): \_\_\_\_\_

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

FAX back to 970.468.9696 (secure office space) or scan and email to [andi@newwayministries.org](mailto:andi@newwayministries.org)

**Internal Use Only:**

Charged \$ \_\_\_\_\_ Date Charged \_\_\_\_\_  
 Charged \$ \_\_\_\_\_ Date Charged \_\_\_\_\_  
 Charged \$ \_\_\_\_\_ Date Charged \_\_\_\_\_