



## INTERNATIONAL CENTER FOR CLUBHOUSE DEVELOPMENT

### TRAINING BASE GROUP

#### Application for Training

Please print or type in black ink. Please mail to: Colleague Training

\_\_\_\_\_ (name of Training base)

\_\_\_\_\_ (address of Training base)

\_\_\_\_\_ (address of Training base)

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Clubhouse/Agency name \_\_\_\_\_

Clubhouse/Agency address \_\_\_\_\_

Telephone number \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Clubhouse Director \_\_\_\_\_ When and where trained? \_\_\_\_\_

Dates of training requested: \_\_\_\_\_

Please check the type of training requested:

\_\_\_\_\_ **First Time Clubhouse Training (New Clubhouses) \$6,500USD**  
This includes training and housing for the Director, one staff member, one Clubhouse member, and a 3<sup>rd</sup> week Board member or auspice agency representative. The fee includes a post-site visit to the Clubhouse for onsite consultation and assistance, approximately six to nine months after the training.

\_\_\_\_\_ **Clubhouse Training (Established Clubhouses) \$4,500USD**  
This includes training and housing for one staff member, one Clubhouse member and a 3<sup>rd</sup> week Board member, Director or auspice agency representative. This fee includes a post-site visit; however, Clubhouses requesting the visit will be responsible to pay expenses which exceed \$500.00 USD.

Additional participants for the entire training period = \$2,000USD per person  
Additional administrators for the last week of training = \$900USD per person

*\*Note: The fee for training bases providing the Two Week Training is the same as above.*

\_\_\_\_\_ **One Week Specialized Track** **\$2,000USD**  
This includes training and housing for one staff member and one Clubhouse member.

Additional participants = \$900USD per person

\_\_\_\_\_ **Three day Orientation/Overview Visit** **\$1000USD**  
This includes training and housing for two participants.

Additional participants = \$500USD per person

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Please list the names and Clubhouse position (member/staff/director) of the people you want to send for training:

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Name: \_\_\_\_\_ Position: \_\_\_\_\_

Last week Director/Board member/auspice agency representative, and position:

Name: \_\_\_\_\_  
Position: \_\_\_\_\_

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Training reservations will be confirmed when a completed application and a non-refundable deposit of 50% of the tuition is received. The non-refundable deposit is applicable for the confirmed dates only. Final payment is due ten days prior to arrival.

Clubhouse Director signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of auspice agency (if applicable)

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Name of authorized representative of the auspice agency:

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

Thank you for your application. We will be in contact with you in the near future. Please visit [www.iccd.org](http://www.iccd.org) for more information.