



Financial Agreement Form

To be completed by the person who accepts responsibility for payments to Compos Mentis.

I/We agree to pay the fee of \$600 per month. I/We agree to make advanced payments monthly, by the 1st of each month.

Name _____

Signature _____ **Date** _____

Relationship to Prospective Apprentice _____

Address _____

Phone(s) _____
