



# The Bethesda Group

7990 Old Georgetown Road, 10B  
Bethesda, MD 20814

[www.thebethesdagroup.com](http://www.thebethesdagroup.com)

p: 301.718.4544 / f: 301.718.4545 / info@thebethesdagroup.com

Today's Date: \_\_\_\_\_

## DBT Skills Summer Boot Camp

*\*Please send completed application to [info@thebethesdagroup.com](mailto:info@thebethesdagroup.com), fax 301-718-4545, or mail to The Bethesda Group, 7990 Old Georgetown Road, Suite 10B, Bethesda, MD 20814*

*Session Preference [Please select session(s)]*

<input type="checkbox"/> <b>Session I: 9 am to 11 am</b> <i>June 20, 21, 27, 28, July 11, 12, 18, 19</i>	<input type="checkbox"/> <b>Session II: 9 am to 11 am</b> <i>July 25, 26, August 8, 9, 15, 16, 22, 23</i>
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### *Client & Contact Information*

Client Name _____	DOB _____/_____/_____	Gender _____
School _____	Grade in Fall 2018 _____	
Home Address _____		
Home Phone (____) _____ - _____		
Marital Status of Parent(s)/Guardian(s): Single / Married / Domestic Partners / Separated / Divorced / Widowed		
Parent/Legal Guardian 1: _____		
Contact Info: Cell (____) _____ - _____ Work (____) _____ - _____		
Parent/Legal Guardian 2: _____		
Contact Info: Cell (____) _____ - _____ Work (____) _____ - _____		
Emergency Contact: _____		
Contact Info: Cell (____) _____ - _____ Work (____) _____ - _____		

Email address: \_\_\_\_\_

### *Payment Information*

*Cost: \$2150 (\$250 to be paid at intake, \$220 to be paid at orientation appointment. \$210 to be paid as a non-refundable deposit after orientation. \$1470 to be paid on first week of program.)*

Payment Method:  Cash  Check# \_\_\_\_\_  Visa/MC/Discover/AMEX (Enter credit card info below.)

VISA/MC/AMEX/Discover Account #

Expiration Date

Security Code

Name as it appears on Credit Card

Cardholder's Signature

Date

*\*All credit card fields required. With my signature, I authorize The Bethesda Group Psychological Services, LLC to charge my credit card as noted above. I realize it is my responsibility to inform TBG of any changes to my credit card information.*

Address of credit card holder if different than above: \_\_\_\_\_

