

Approved: \_\_\_\_\_  
Dean's Signature

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

Approved: \_\_\_\_\_  
Mentoring Dean's Signature

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

Did you send a copy of this CLS packet to the state director? \_\_\_\_ Yes \_\_\_\_ No

### Financial Section

Please complete this section.

The fees included in this CLS packet.

CLS fees: \_\_\_\_\_ Course Cards: \_\_\_\_\_ Informers \_\_\_\_\_ Total: \_\_\_\_\_

### Method of Payment

*Make sure check amounts are correct. Do not send cash. Do not staple or tape check to this form.*

Check No.: _____	Money Order No.: _____	Cashier's Check No.: _____
Check No.: _____	Money Order No.: _____	Cashier's Check No.: _____
Check No.: _____	Money Order No.: _____	Cashier's Check No.: _____
Check No.: _____	Money Order No.: _____	Cashier's Check No.: _____