

Strategy Session Calendar

Contact Information

Class Date: _____ Location: _____

First & Last Name: _____ Spouse's Name: _____

Phone Number: _____ Email: _____

Your attendance entitles you to a coaching strategy session with your AFEA Instructor.

- ✓ Please CIRCLE your top THREE choices below for your individual Coaching Strategy Session.
- ✓ You will receive a confirmation along with your homework before the end of the class.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
July 31st	August 1st	August 2nd	August 3^d	August 4th
3:00	10:30 3:00	10:30 3:00	3:00 5:00/6:00	SCHEDULE FULL
August 7th	August 8th	August 9th	August 10th	August 11th
10:30 1:00 3:00	10:30 1:00 3:00 5:00/6:00	10:30 1:00 3:00	10:30 1:00 3:00 5:00/6:00	SCHEDULE FULL
August 14th	August 15th	August 16th	August 17th	August 18th
10:30 1:00 3:00	1:00 3:00	10:30 1:00 3:00	10:00 12:00 3:00 5:00/6:00	SCHEDULE FULL
August 19th	August 15th	August 16th	August 17th	August 18th

Special Requests: