**PRAIRIE RIDGE ADDICTION TREATMENT SERVICES**

**ADULT PRIME FOR LIFE (PRI) COURSES 2023**

**All buildings and grounds are tobacco free. Use of tobacco on Prairie Ridge property is prohibited at all times, including break periods and in vehicles in the parking lot. Non-compliance of this policy will result in immediate dismissal from the program.**

The following PRI session dates are available:

**January April July October**

6th & 7th Mar 31st & Apr 1st 7th & 8th 6th & 7th

13th & 14th 13th & 14th 14th & 15th 13th & 14th

20th & 21st 21st &22nd 21st & 22nd 20th & 21st

**February May August November**

3rd & 4th 5th & 6th 4th & 5th 3rd & 4th

10th & 11th 19th & 20th 11th & 12th 10th & 11th

24th & 25th 18th & 19th 17th & 18th

**March June September December**

3rd & 4th 2nd & 3rd 9th & 10th 2nd & 3rd

10th & 11th 9th & 10th 16th & 17th 9th & 10th

17th & 18th 23rd & 24th 23rd & 24th

**Meeting times are the same regardless of which session is selected: Friday 6:00 p.m. to 10:00 p.m. AND Saturday 8:00 a.m. to 5:00 p.m. Lunch is NOT provided on Saturday.**

* I understand that I must pay the $180 entry fee to reserve a spot in class. If I have not paid, I WILL NOT be allowed in the class.
* I understand it is my responsibility to contact Prairie Ridge (641-424-2391) to let them know if I will not be able to attend a scheduled group session. All cancellations must be received by 5 p.m. the day of the class.
* I understand that if I should miss any group session, I will be removed from the list and will need to start the group over. I will be required to pay the $180 registration fee again.
* If I present for a class session intoxicated or am asked to leave, I will be required the pay the $180 registration fee in its entirety again to register for another class.
* *Until further notice, participants may be required to wear a mask when in Prairie Ridge buildings and during the entire class.*

✂ Cut along dotted line and keep top copy for your information. Return below portion with payment to Prairie Ridge, 320 North Eisenhower Avenue, Mason City, IA 50401

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**Client Name DOB SS#**

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**Street/City/State/Zip Contact Phone Number**

**Enclosed is my payment of $180.00\*\*. Please enroll me in the following PRI session:**

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 **Month Dates**

\*\*Cash, money order or credit card are accepted. Checks are not accepted.