



Application for Sliding-Scale

Name: _____

Home Address: _____

Phone: _____

Email : _____

Date: _____

Which MaMa Love class(es) would you like to register for? _____

Have you attended MaMa Love classes before?

How are you doing physically/mentally/emotionally in your peri-natal process?

What is your average monthly income? _____

What are the financial circumstances that are prompting you to apply for a Sliding Scale at this time?

Please fill out and e-mail this form to : hello@mamaloveboulder.com with the subject line "Sliding-Scale Application"