

SPA Financial Hardship Charge Waiver Request Form

First Name	Last Name
Email	Phone Number
Do you accept text messages? Y/N Yes No	
I am interested in the following services (check all that apply): <input type="checkbox"/> Paranormal Investigative Services—Initial Consult (\$25) <input type="checkbox"/> Paranormal Investigative Services—Full Investigation (\$75) <input type="checkbox"/> House Blessing (\$75) <input type="checkbox"/> Space Clearing And Entity Release (\$150) <input type="checkbox"/> Have Your Evidence Reviewed (\$65) <input type="checkbox"/> Presentations And Speaking Engagements (Prices Vary)	
I am interested in: <input type="checkbox"/> partial <input type="checkbox"/> full <input type="checkbox"/> any amount of financial assistance toward the cost of SPA's available services.	
Please share with us why you are applying. (All information shared is confidential.)	