



THE UPPER ROOM BIBLICAL COUNSELING CENTER Sponsorship Agreement

Client Name: _____ Date: _____

Parent/Guardian Name (if under 18): _____

Client Phone: _____ Client Email: _____

Sponsor Name: _____ Sponsor Email: _____

Billing Address: _____

Rates

- \$85 per 60-minute session
- \$127.50 per 90-minute session

Sponsorship Terms

We suggest a minimum of 6 sessions for discipleship counseling.

The sponsor agrees to pay \$_____ per session for _____ sessions.

The client agrees to pay \$_____ per session.

Total Sponsorship Amount: \$_____

Notes

1. After the sponsor approves the agreement, The Upper Room will contact the client for a free consultation.
2. If the client wants to continue on their own after sponsored sessions end, the standard counselor rate will apply.
3. Late cancellations or missed session fees are the client's responsibility and will be discussed at consultation.

Accountability Updates

Would the sponsor like an update on attendance? ☐ Yes ☐ No

Billing Method (choose one)

☐ Invoice by email ☐ Online Zeffy payment ☐ Check (advance payment)

Sponsor Signature: _____ **Date:** _____

Client Signature: _____ **Date:** _____