



# ● REGISTRATION FORM

Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Please print email address \_\_\_\_\_

Confirm email address \_\_\_\_\_

Date of birth (month/day) \_\_\_\_\_ / \_\_\_\_\_

Emergency contact (name and phone number) \_\_\_\_\_

How did you hear about GriefShare? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please share a little information about the person you lost and when the loss occurred. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you plan on bringing children to our child care, please list their names, genders, ages, and present school grades.

\_\_\_\_\_ N A \_\_\_\_\_

\_\_\_\_\_

Registration fee: \$ 20.00 (includes workbook and other expenses during all 13 weeks of sessions)

\_\_\_\_\_ Payment attached

\_\_\_\_\_ I'll bring it next week

\_\_\_\_\_ Please cover my registration from the scholarship fund