

GRIEF SHARE • 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.

Registration fee: \$ _____ (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