



REGISTRATION FORM

Name _____

Street address _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Please print email address _____

Emergency contact (name and phone number) _____

How did you hear about GriefShare? _____

Please share a little information about the person who died and when the loss occurred.

Will you need child care? (age 5 and younger) Do you plan on bringing children to Kid Talk?

For Child Care & Kid Talk, please list names, relationship to you, gender, age and school grade.

NAME	RELATIONSHIP	GENDER	AGE	GRADE

Registration fee: \$20.00 for GriefShare (includes binder, workbook and handouts)

\$20.00 for Kid Talk (includes binder, workbook, crafts and snacks)

_____ TOTAL

Payment attached Arrange Payments Please give me scholarship information

The best way to contact/connect with me is by: home phone cell phone text email