

Registration



Name _____

Address _____

City _____ State _____ Zip _____

Telephone number _____ Email _____

Name of church and pastor (if applicable) _____

How did you hear about GriefShare?

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

Registration fee: \$20 (covers all 13 weeks of session)

_____ Payment attached

_____ I'll bring it next week

Emergency contact person (name/phone) _____

I understand confidentiality is mandatory in my support group and that anything said in the group is to stay in the group. I understand GriefShare is not counseling, but a peer support group led by volunteers. I also understand the volunteers and/or leaders of this program have an obligation to report any disclosure of intent to harm oneself or others to the pastors at [host church], my church or to any other appropriate agency.

Print Name

Signature

Date