

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: \$20.00 (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 Grace Chapel, my church or to any other appropriate agency.

NAME

Signature

Date

Email to: patspaziani@icloud.com