

GRIEF WORKSHOP REGISTRATION FORM
Fall 2008

Amount Enclosed
\$ _____

Please use a separate form for each person.

Provide the following information for group planning purposes.

Name of Participant _____
Address _____
City _____ Zip _____
Home Phone _____ Work Phone _____
E-mail _____

Your Date of Birth _____ Age _____
Relationship of deceased to you _____
Cause of death: Cancer Suicide Heart Accident _____
Other (Specify) _____
Date of death _____ Age of deceased _____

Childcare Registration:

List names and ages of children newborn through age 5

List any family members and their relation to you, that will be attending this same workshop _____

Workshop Fee: \$35/person or \$60/married couple.

Register and pay before 9/1/08 and the cost is
\$30/person and \$50/couple.

(Payment required with registration. Please make checks payable to First Presbyterian Church)