



Leander United Methodist Church  
107 S. West Drive  
Leander, TX  
Sundays, 1 to 3pm

## Registration

Name : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you need child care during the meetings?      yes      no

If so, please give the ages of the children: \_\_\_\_\_

Registration Fee: \$15 is due upon arrival to your first session which covers the cost of the workbook and all 13 sessions of the seminar.

\_\_\_\_ Please cover my registration from the scholarship fund.

Date you plan to begin attending the GriefShare program: \_\_\_\_\_

Emergency contact person (name/phone): \_\_\_\_\_

You will be contacted by a GriefShare volunteer soon. We want to help you prepare for your first meeting by answering any questions you may have.