



REGISTRATION FORM

Christ Memorial Temple (CMT)
3801 E. Union Street (corner of Creasy Lane and E. Union)
Lafayette, IN 47905
Phone: (765) 447-9190 Web: <http://www.cmtemple.org/griefshare>

Please print:

Name (Last) _____ (First) _____

Address _____

City/State/Zip _____

Phone (Home) _____ (Work) _____

E-mail _____

❖ How did you hear about our GriefShare program?

- Church Sign or Announcement
- Newspaper or Radio Advertisement
- "Word of Mouth"
- Internet search

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

❖ If you plan on bringing children to our child care, please list their names and ages:

❖ Have you attended any other grief support group previously? If so, when:

❖ Name of your church and pastor where you attend (if applicable):

The GriefShare program is \$20.00 per adult that includes the cost of the workbook and 13 session seminars. (Partial scholarships are available. Please enclose what you are able to pay).

Enclosed is my registration fee of: \$20.00

I am requesting a partial scholarship of: _____
Total Enclosed: _____

Make checks payable to "Christ Memorial Temple"

MAIL TO: Christ Memorial Temple, GriefShare Registration, PO Box 4945, Lafayette IN 47903