



REGISTRATION FORM

Name _____

Street address _____

State _____ Zip _____

Home phone _____ Cell phone _____

Please print email address _____

Confirm email address _____

Emergency contact (name and phone number) _____

How did you hear about GriefShare?

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

Workbook: \$15.00

- Payment attached (make checks payable to SUMC)
- I will bring payment to the first session
- Please cover the cost of my workbook from the scholarship fund

Return form to:

Clayton Easter
24 Smokehouse Drive
Simpsonville, SC 29681
or
Katherine Riley
205 Baldwin Pines Court
Simpsonville, SC 29680