

Grief ≤Recovery[®] Outreach Program
Information Sheet
(Please Print)

*The fee for this 12 week program is \$30.00
\$15.00 of that is non-refundable and is due with registration
\$15.00 is due before the first session*

Session Begins, Tuesday, March 9, 2010

Name _____

Address _____

City _____ State & Zip _____

Phone Number _____ Email _____

Time of Session: 7:00pm to 8:30pm

Please try to answer the question below. (Your answers will be kept confidential.)

1. Have you ever belonged to a grief related support group? Yes No
(If yes, please name the group(s) that you have attended.)

2. If you answered "yes" to question one, what did you like most about the group?

What did you like least?

3. Please write down the loss (es) you have experienced. (Please circle the one that is bother you the most)

4. My first experience with loss was the loss of?