

GRIEF SHARE

GRIEF SHARE REGISTRATION FORM

_____ **Fall Session** (September – November) **OR** _____ **Winter Session** (January – April)

Name (Please Print): _____

Address: _____

City: _____ **Postal Code:** _____ **Gender:** M ___ F ___

Phone Number: () _____ **Email:** _____

Marital Status: (please circle the one that applies)

Single Married Common Law Separated Divorced Widowed

Age: (please check the one that applies)

Age range: 18-30 ___ 31-49 ___ 51-64 ___ 65+ ___

1. Please tell us why you want to attend GriefShare. For whom are you grieving? (More room on back of page if necessary.)

2. Have you attended any other support groups? Yes ___ No ___

What group? _____ When? _____

3. How did you hear about the Centre Street Church GriefShare group?

4. Do you attend this church? Yes ___ No ___ How long? _____

5. Do you attend another church? If so, which one? _____

It is important that participants make the commitment to attend each of the 13-week sessions in order to receive the maximum benefit of the support program.

Group meets on Thursdays, 7:00 – 9:00 pm at Centre Street Church, West Campus, 4120 Centre Street N

Pre-registration is required prior to joining this group.

There is no cost to register for the GriefShare Group. Prior to the first meeting you will need to purchase a GriefShare Workbook from our Appleseed Resource Centre (Central Campus, 3900 – 2 Street NE). Please phone 403-520-1241 for their hours of operation.

Return form to: Centre Street Church
Attention: GriefShare
c/o Eunice Emilson
3900 2nd Street N.E.
Calgary, AB, T2E 9C1

Or scan & email: eunice.emilson@cschurch.ca