



GRIEF CLUB SUPPORT GROUP REGISTRATION FORM

-THIS INFORMATION IS CONFIDENTIAL-

First & Last Name: _____ Birth Date: _____

Address: _____ Zip Code: _____

Phone: (_____) _____ It is okay to ☐ Text and/or ☐ leave voicemail

Email: _____

How did you hear about this group? _____

Name(s) of your loved one(s): _____

Date(s) of their death(s): _____

What has been the most difficult part of the loss for you?

What is the thing that helps you the most right now?

Your signature below indicates that you agree to the following:

- I have been given a copy of the Clubhouse Rules and will abide by them.
- I understand that this group is not a therapy group and not a substitute for mental health counseling.
- I will not hold the group facilitator or meeting venue responsible for any injury or illness that may occur through my participation in this group.
- Because pre-registration is required, I will not bring an unregistered person to the group.

-Please upload a copy of your Driver's License or State ID with this registration-

☐ I certify that I am 18 years of age or older.

Signature

Date