

DivorceCare Registration

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact & Phone: _____

Today's Date: _____

Registration Fee: \$ _____ (includes workbook and covers all thirteen sessions)

- Payment attached
- I'll bring it next week
- Please cover my registration from the scholarship fund

(We want everyone who comes to be able to attend, and we understand that finances can be very tight during divorce. If you need help with the registration fee, all you have to do is check the box above and the registration will be paid from our scholarship fund.)

DIVORCE *Care*