

REGISTRATION FORM

REGISTRATION FEE: \$45.00 Per Person
(includes Saturday's buffet luncheon)

MAKE CHECKS PAYABLE TO:
THE COMPASSIONATE FRIENDS

Send registration form with payment to:

Ralph H. McClay
19684 Collier Drive
Meadville, PA 16335
Phone Number: (814) 333-9299
Email address: rcorvette@windstream.net

Indicate your Sharing Session Preference: _____

Indicate your three (3) Workshop Preferences plus one alternate:
Preferences: _____ - _____ - _____ Alternate _____

Your first name will be in large print on your name tag. If you prefer a nickname please enter it: _____

I am a Bereaved
Parent _____ Sibling _____ Other _____
(Please Specify)

Name: _____
(Please Print)

Address: _____

City: _____ State: _____ Zip: _____

Phone #: (____) _____ Email: _____

Deceased Child(ren), Sibling(s) - (Please Specify)

(Name)

(Will be printed on name tag)

(Age)

(Cause of death)

(Will NOT be printed on name tag)

(Death Date)

PLEASE INDICATE IF YOU WOULD BE
INTERESTED IN THE BREAKFAST BUFFET:

YES: (____) NO: (____)