

Office Use Only

Date: _____

Type of Payment _____

Contacted: _____

Grace Group Application

Please Print

Name _____ Birth Date ____/____/____ Age _____

Address _____ City _____ State _____ Zip _____

Occupation _____ Marital Status _____ No. of Children _____

Telephone (HOME) _____ (WORK) _____

Telephone (Cell) _____ Email Address _____

Church Affiliation _____

Please feel free to use additional paper as needed.

1. Have you in the past, or are you currently receiving professional counseling? **Yes** **No**

If yes, please state when, by whom, and regarding what issue(s)

2. What are the specific types of wounds you have experienced (please mark an **X**).....

Abandonment?	_____	Satanic Ritual?	_____
Betrayal?	_____	Sexual?	_____
Bullying?	_____	Spiritual?	_____
Domestic/spousal?	_____	Verbal?	_____
Emotional?	_____	Other Abuse?	_____
Physical?	_____		

3. How did you hear about Grace Groups?

If you would like the possibility of experiencing a co-ed group, please check the box.

*** There is a possibility of co-ed leadership in all groups**

Disclaimer: this group ministry is not intended to substitute for mental health, medical, pastoral, legal, or other professional services. If expert assistance is required, the services of a competent professional should be sought.

Grace Groups

Dear Applicant,

This small group is designed to promote an environment for relationships.

Grace Group's will be on the following 2010.

Thursday	September	9	6:55 – 9:00 PM	
Saturday	September	18	10:30 AM – 2:30 PM	MEAL
Thursday	September	23	6:55 PM – 9:00 PM	
Thursday	September	30	All Thursday sessions are from 6:55 PM to 9:00 PM	
Thursday	October	7		
Thursday	October	14	NO MEETING	S.A.L.T.S.
Thursday	October	21		
Thursday	October	28		
Thursday	November	4		
Thursday	November	11		
Saturday	November	20	10:30 AM -2:30 PM	MEAL

Please respond by completing the attached form. Your answers will be confidential and shared only with Grace Group Staff.

Groups are limited in size. A place will be reserved for you once we receive your completed form and the \$45.00 non-refundable registration fee. If the fee is a hardship for you please contact Elaine Stoub@ 429-8161 or John & Julie Castady @ 428-2522.

We ask that you be committed to group dates and times. Be sure to mark your calendar.

Return your completed registration form and \$45.00 check . Please make your check out to: The Chapel

Thank you,

The Grace Group Staff

