

Participant Information

Name: _____ Address: _____

Date of Birth: _____ Phone number: _____ Email: _____

Group(s) you are registering for:

Groups: Children, Teens, Emerging Adult	Group Leader	8-week sessions
<input type="checkbox"/> Adolescent DBT (13 – 17 years old) Introduction to Distress Tolerance , Emotional Regulation, and Interpersonal Effectiveness. Name of participant: _____ Age: _____	Ashley LAMFT-T Online <i>Tentative start date</i> <i>August 2nd, 2023</i>	\$250 60 minutes per week/8weeks Wednesdays 3 - 4pm

Groups: Adults	Group Leader	8-week sessions
<input type="checkbox"/> Adult Level 1 Introduction to Distress Tolerance, Emotional Regulation , and Interpersonal Effectiveness. Name of participant: _____	Bradley LAMFT Online <i>Starting July 19th,</i> <i>2023</i>	\$250 (\$45 single session rate) Open Group 90 minutes per week Wednesdays 5:30 – 7:00pm
<input type="checkbox"/> Adult Level 1 Introduction to Distress Tolerance, Emotional Regulation, and Interpersonal Effectiveness. Name of participant: _____	Tara LMFT Online <i>Starting July 17th,</i> <i>2023</i>	\$250 (\$45 single session rate) Open Group 90 minutes per week Mondays 6 – 7:30pm
<input type="checkbox"/> Adult Level 2 Participant has completed all three of Level 1 groups at least one time. Name of participant: _____	Ashley LAMFT-T Online <i>Starting August 2nd,</i> <i>2023</i>	\$250 90 minutes per week/8weeks Wednesdays 6 – 7:30pm

Total Cost: _____

Signature of Client (or responsible party if client is a minor)

Date



If you do not already have a credit card on file, please complete this form with your registration.

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):	_____
Card Number:	_____
Expiration Date (mm/yy):	_____ VVS Code: _____
Cardholder ZIP Code (from credit card billing address):	_____

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

_____ _____
Customer Signature Date

Email that is associated with the owner of this credit card:
