

Participant Information

Name: _____ Address: _____

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

Group(s) you are registering for:

Groups: <i>Children, Teens, Emerging Adult</i>	Group Leader	Cost & session Info
<input type="checkbox"/> Adolescent DBT (12 – 18 years old): 4 sessions Introduction to Mindfulness Name of participant & age _____	Ashley, LAMFT Emily, Intern Hybrid Starting June 12, 2024	\$250 (\$75 single session rate) Open Group 90 minutes every other week/4weeks Every other Wednesday, 2:30- 4pm
<input type="checkbox"/> Adolescent DBT (12 – 18 years old): 8 sessions Introduction to Distress Tolerance Name of participant & age _____	Ashley, LAMFT Emily, Intern Online Starting August 21, 2024	\$350 (\$60 single session rate) 60 minutes per week/8weeks Wednesdays 3:00pm-4:00pm

Groups: <i>Adults</i>	Group Leader	Cost & session Info
<input type="checkbox"/> Adult Level 2: Advanced 4 sessions Participant has completed all three of Level 1 groups at least one time. Name of participant: _____	Ashley, LAMFT Emily, Intern Online Starting June 12, 2024	\$200 (\$60 single session rate) Open Group 90 minutes sessions, bi-weekly Every other Wednesday 6 – 7:30pm
<input type="checkbox"/> Adult Level 1: Beginner 8 sessions Introduction to Distress Tolerance Name of participant: _____	Bradley, LAMFT Carly, Intern Online Starting June 5, 2024	\$400 (\$60 single session rate) Open Group 90 minutes per week Wednesdays 5:30 – 7:00pm

TOTAL COST: \$ _____

Signature: _____



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 associated with owner of this card: _____