

2020

HEALING ARTS



Date: _____ / _____ / _____

Name: _____

Address: _____

Phone: (_____) _____

Best time to reach you: _____ : _____ am / pm

Can you share with us a little about the person who passed that you are grieving and your relationship to them?

How long ago did this happen?

To register, please fill out the form and drop it off at the Pence Gallery
between Tues-Sun, 11:30 AM-5 PM or
email the information on this form to penceartdirector@sbcglobal.net.

Thank you!

A counselor will follow up with you to check in before the workshop starts to confirm your participation.