

Grief Recovery 101 Registration
(6 week grief recovery seminar)

Name: _____

Address: _____

Phone number: _____ Email: _____

The dates for the sessions are (class starts at 7:00 PM):

Thursday, March 25

Thursday, April 22

Thursday, April 8

Thursday, April 29

Thursday, April 15

Thursday, May 6

Handouts will be available for all sessions

****Please print out this form and mail along with payment to:**

***Lexington Baptist Association
255 Two Notch Road
Lexington, SC 29073***

**Make check payable to Lexington Baptist Association
(designate for Grief Seminar)**

Cost of seminar: \$ 72

**Paid registration must be received by March 18, 2010
(Minimum class size: 20)**

Church affiliation (if any): _____

Any comments or questions for the instructor: _____

We look forward to seeing you on March 25! Thank you!

For information, contact the Association at 803-356-2543 or Kelly Strum at 803- 699-8997.