

# Hope Harbor Group Registration Form

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Does this number receive text messages? YES NO

Mailing Address \_\_\_\_\_

Which group are you registering for?

Adult Process Group     Adolescent Group Therapy     On- Purpose Person

## PAYMENT INFORMATION:

Group sessions are \$30 per session or \$100 per month (a \$20-\$50 savings).

**The On-Purpose Person** group is \$30 per session or \$200 if paid in advance for 8-week group.

I choose to pay for my group:  Weekly     Monthly     Full Payment for On-Purpose Person

Method of Payment:  Credit/Debit Card     Check     Paypal     Cash

Card Number: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Expiration Date on Card: \_\_\_\_\_

Billing address of card: \_\_\_\_\_

Zip Code: \_\_\_\_\_ 3-digit security code \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

## Group Counseling Agreement

Understanding that the effectiveness of group therapy is dependent on my commitment to participating fully in the group, I undertake to become a part of a therapy group meeting each \_\_\_\_\_ . I further make this commitment to attend for at least six weeks beginning \_\_\_\_\_ .

### CONFIDENTIALITY OF INFORMATION ACKNOWLEDGEMENT

I, \_\_\_\_\_ understand that any information that is disclosed to me while I am participating in the Hope Harbor Counseling Program is confidential and that this confidentiality is protected by law. I will not make any disclosure of such information without the written consent of the person to whom the information pertains.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

### Mail completed registration forms to:

Dawn Irons C/O FBC-DC, 519 W 4<sup>th</sup> St, Denver City, TX 79323

PayPal payments can be emailed to [Dawn@HopeHarborTX.com](mailto:Dawn@HopeHarborTX.com), but please mail registration form.

Dawn Irons, M.A., LPC  
dawn@HopeHarborTX.com

www.HopeHarborTX.com  
Register online at the website!

806-500-9903  
Call or text