

ANTIOCH COUNSELING SERVICES GROUP REGISTRATION FORM

Name of Group: _____ Today's Date: _____

Name _____ Antioch member? Yes No
Last Name First Name MI

How may we contact you? (Please check/complete all that apply)

Email: _____

Phone/text: _____ Can we leave messages? Yes No

Mailing Address: _____

City _____ Zip _____ Can we send correspondence? Yes No

What do you want to see happen as a result of participating in the group?

Personal Agreement:

I will enter into prayer and ask God's help and guidance during the group process. ***I can do all things through Christ Jesus who strengthens me*** (Phil 4:13).

I understand that group confidentiality is crucial. I will not discuss any persons, events, or situations that occur in group with anyone at any time.

(Please Print Name)

Signature: _____ Today's Date _____