

Hope By The Sea Family Program Registration Form

Date you would like to attend: _____

Name: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (H) _____ (C) _____ (W) _____

Email: _____

Name of Client* _____ Relationship to Client*: _____

Additional Participants:

Name: _____ Age: _____ Relationship to Client*: _____

Name: _____ Age: _____ Relationship to Client*: _____

Name: _____ Age: _____ Relationship to Client*: _____

Name: _____ Age: _____ Relationship to Client*: _____

**If applicable.*

Payment Information (optional if more than three family members attend):

_____ Check (attached) Check # _____ Amount: _____

Credit Card: _____ Visa _____ MasterCard Amount: _____

Credit Card # _____ Billing Zip Code: _____

Credit Card Exp Date: _____ CVC Code: _____

Name on Card (Please Print): _____

Authorized Signature: _____

There currently is no cost for the HBTS Family Weekend for up to three family members. IF additional family members wish to attend, the charge is \$150.00 per person. Please get this form back to Therese Chavira (therese@hopebythesea.com) and our VP of Admissions, Cyndie Dunkerson (cyndie@hopebythesea.com) as soon as possible.

Upon completion, please fax this form to 949.218.1597