

**CITIZENS' COUNSELLING CENTRE**  
**GROUP REGISTRATION FORM**

Please read carefully and complete all information legibly.

**Name of Group:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

AREA:  Victoria  Oak Bay  Esquimalt  Saanich  West. Com  Other

**Telephone: Home** \_\_\_\_\_ **Daytime (or messages)** \_\_\_\_\_

**A NON-REFUNDABLE DEPOSIT OF \$15 IS REQUIRED AT THE TIME YOU REGISTER** to secure your place in this group. **THE BALANCE OF THE FEE OWING IS PAYABLE ON THE FIRST NIGHT OF THE GROUP** unless you have made prior arrangements through the office. Please make cheques payable to *Citizens' Counselling Centre*. If you are mailing in your registration please allow time for delivery and then call the Centre office (384-9934, 10am - 2pm weekdays) to confirm and to schedule a pre-group interview where required.

**PLEASE INDICATE (✓) YOUR APPLICABLE FEE CATEGORY:**

Family income-

Under \$10,000/year = \$5 X **number of sessions** group will run \_\_\_\_\_

\$10-\$18,000/year = \$7 X **number of sessions** group will run \_\_\_\_\_

\$18-\$25,000/year = \$10 X **number of sessions** group will run \_\_\_\_\_

Over \$25,000/year = \$12 X **number of sessions** group will run \_\_\_\_\_

**Number of sessions** are indicated in group description on front.

**IF A THIRD PARTY IS PAYING THE FEE IS THE MAXIMUM FOR THAT GROUP.**

**FOR OFFICE USE ONLY**

Deposit (Amount – Cash/Cheque/Credit Card \_\_\_\_\_ Receipt given for Deposit \_\_\_\_\_

Interview \_\_\_\_\_ Payment Arrangement \_\_\_\_\_