



## CIRCLE OF LIFE GROUP OPEN ENROLLMENT REGISTRATION

Name: \_\_\_\_\_ Profession: \_\_\_\_\_  
Address: \_\_\_\_\_ Years in Profession: \_\_\_\_\_  
\_\_\_\_\_  
Employer: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

What interests you about the Circle of Life? What do you hope to gain by participating?

What life/health challenges do you have right now?

Are you currently in therapy? Yes  No   
Are you currently under medical care? Yes  No

If yes to any please describe briefly: \_\_\_\_\_  
\_\_\_\_\_

**I understand Circle of Life is a process designed to support and empower individuals in their quest for greater health, vitality, life purpose and joy. The Circle of Life is not therapy, and there is no intended or implied advice contained in the Circle of Life manual, in group meetings, or individual coaching sessions.**

**Your signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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The cost of the six-week group is \$175.00, plus purchase of the CIRCLE OF LIFE participant guide at a discounted price of \$35.00, for a total of \$210.00.

GROUP GRADUATES: If you have previously completed a Circle Group and have already purchased a Participant Guide the **cost is \$125.00** to join a five -week group. Payment must be included with registration.

Payment must be included with registration. MC/Visa/Discover accepted.

Check enclosed \_\_\_\_\_ (\$210 or \$125)

Visa/MC/DISC (circle one) Name as it appears on credit card: \_\_\_\_\_

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

Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**I am registering for the group that starts on \_\_\_\_\_ (write in start date).**

Group location: Samaritan Counseling Center, 1803 Oregon Pike, Lancaster, PA 17601.

Mail or fax registration with payment to Samaritan Counseling Center, 1803 Oregon Pike, Lancaster, PA 17601. Fax number is 717-560-9553. *You will receive confirmation by email or by letter if no email is provided.*  
Questions? Call Linda Crockett at 717-560-9969, extension 226.