



Please indicate your group choice

- ANGER MANAGEMENT FOR TEENS
- ANGER MANAGEMENT FOR ADULTS
- TEEN SUBSTANCE ABUSE GROUP
- PARENTING A TEEN SUPPORT GROUP

REGISTRATION

\$250 PER PERSON or \$350 PER COUPLE

GROUP PARTICIPANT'S NAME: _____ DOB: _____

GROUP PARTICIPANT'S NAME: _____ DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NO: _____ EMAIL: _____

Parent/Guardian: _____

Telephone No: (if different from above) _____

Email: (if different from above) _____

PAYMENT INFORMATION

(Registration deadline is one week prior to the beginning of group session)

CHECKS made payable to the *Teen & Family Counseling Center* and mailed with this registration form to:

Teen & Family Counseling Center
307 Orchard City Drive, Suite 206,
Campbell, CA 95008

Amount Enclosed: _____

CREDIT CARDS: Mail or fax completed registration form and credit card information to:

Fax No: (408) 370-9919

VISA/MC # ____/____/____/____ Exp. Date: ____/____

**REGISTER
TODAY**

Amount: \$ ____ Signature: _____

TFCC (408) 370-9990
tfcc@teenfamilycounseling.org
www.teenfamilycounseling.org