



Experiential IFS Group Therapy Registration Form

Please email this form and payment authorization to our encrypted email address, mail in or upload on our portal:

carol@bareitercc.com

Carol Hollandsworth
1432 East 7th Street
Charlotte, NC 28204

Group Therapy Start Date: **October 20, 4:30-6:30pm**

Duration of the Group: **12 weeks – August 18-November 10 (Wednesdays)**

Name: _____

Address (associated with credit card payment): _____

Phone number: _____

Email address: _____

Do you need any special accommodations or is there anything important for us to be aware of? _____

Your card will be charged \$80 for each group therapy session. I am committing to participation in 16 weeks of group therapy. Cancellation must be made 24 hours in advance - multiple cancellations may result in your being dropped from the group, yet held responsible for the total cost. I understand that I am allowed to miss one group and will be charged for any other absences. Commitment to participation is key for consistent group dynamics in your healing journey.

My signature below authorizes charging \$80 to my credit card for each group and acknowledgement and acceptance of the policies described in this registration form.

Signature

Date