



Registration for Alcohol and Drug Education Series

Name: _____

Address: _____

Date of Birth: _____

Social Security Number: _____

Home Phone: _____

Cell Phone: _____

Work Phone (optional): _____

E-mail (optional): _____

Payment made: _____

Payment of cash, check, or money order must be paid by the first night of the class or individuals will not be permitted to participate. Insurance will NOT be billed, as sessions are educational in nature and do not constitute treatment.



Symmetry Wellness