



## Request for Private Group Session Form

Welcome to Center For Healing Transformation. Please provide us with the following information which will be used confidentially within the sessions.

Contact Person who represents the group:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Day Phone \_\_\_\_\_

Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Time Zone if not EST \_\_\_\_\_

Are you responsible for paying the service fees? Yes No

If no, who is responsible for payment? \_\_\_\_\_

Payment Information Form ([click here](#))

Is this a distance session for all attending? Yes \_\_\_ No \_\_\_

Please list the members of the group who will be attending in person:

First and Last Name

His/her Relationship To The Situation

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please list the members of the group who will be attending via telephone:

First and Last Name

His/her Relationship To The Situation

_____	_____
_____	_____
_____	_____
_____	_____

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Names of those who are involved in the situation and who will NOT be present via telephone or in person, including pets.

First and Last Name

His/her Relationship To The Situation

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Briefly describe the situation with which you and your group is seeking assistance:

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