Courage Center Duluth Registration Form

Please Email completed form to Mark.Hanna@CourageCenter.org or print form off and mail in with payment. Note – All payments must be mailed into our office.

_____
Name

_____
Address

_____
City State Zip

_____
Home Phone, Cell Phone, and Business Phone

_____
E-mail

_____
Date of Birth Weight

_____
Disability/Condition (If any) Military Veteran? YES / NO

_____
Parent/Legal Guardian (if under age 18)

_____
Emergency Contact Relationship

_____
Emergency Phone (Daytime) (Evening)

I heard about Courage Center Duluth from:
School Therapist Physician
Friend Other_____
Providing this information is optional.
Is your ethnic background:
Asian/Pacific Islander Caucasian
American Indian African American
Chicano/Latino Multi-Racial East Indian Other race_____

Program # 1 Title	Session Letter	Begin Date	Time	Cost
Program # 2 Title	Session Letter	Begin Date	Time	Cost
Program # 3 Title	Session Letter	Begin Date	Time	Cost
Program # 4 Title	Session Letter	Begin Date	Time	Cost