



Friends and Family Class Application

Please return to: Suicide Resource Center,
315 E. 7th St., Loveland CO 80537
FAX: (970) 461-2426

Name: _____

Date: _____

Phone Number: _____
Home

_____ Work

Address: _____
Street City State Zip Code

Please share any personal experience you have with depression and suicide. Include information about your family member or friend who is suffering from suicidal depression (your relationship with the individual, their age, sex, diagnosis, and any other information you would like to share). This will allow us to tailor the group to better meet the member's need. All information will be kept confidential.

Where did you learn about this class? _____

What do you hope to get out of this class? Are there specific topics you would like to cover in the sessions?

Number of family members or friends attending with you and their names:

Payment Enclosed: (\$40/individual & \$20 each additional family member or friend)

____ Cash ____ Check ____ Credit Card

****Make checks payable to the Suicide Resource Center****

If paying by credit card, please fill in the following:

Billing Address: (required) _____

MC Visa Discover **Amount:** _____

Card #: ____ / ____ / ____ / ____ **Exp. Date:** _____ **Card Verification #:** _____ (on back of card)

Card Holder: _____ **Authorized Signature:** _____

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