

Registration Form

Your Name: * _____

Guest name: _____

How related: _____

Guest name: _____

How related: _____

Street Address * _____

City, State & Zip * _____

E-mail address: * _____

Contact phone: * _____

Child's Name * _____

Nickname _____

Child's Date of Birth * _____

Child's Date of Loss * _____

Child's age at time of loss * _____

The cause of your child's death is important to put you into a group of moms with similar losses: *

Any special needs for food or accessibility to areas.

Note: Fields marked with * are required

Your registration and a payment of \$25 is required to save your place. We do offer partial scholarships: Email us for information at info@sistersofhope-richmond.com.

You may pay through our PayPal link or by sending a check made out to:
Sisters of Hope
1938 Woodberry Mill Road
Powhatan, VA 23139