

## Registration Form

Your Name: \*

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: \*

Questions you may have for our forum on grief. What would you like to ask the other mothers about your grief journey?

Any special needs for food or accessibility to areas.?

Note: Fields marked with \* are required

Your registration and a payment of \$50 is required to save your place. We do offer partial scholarships: Email us for information at [info@sistersofhope-richmond.com](mailto:info@sistersofhope-richmond.com).

You may pay through our [PayPal link](#) or by sending a check made out to:

Sisters of Hope

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