

GRIEF SHARE®  
LOSS OF A SPOUSE™

**REGISTRATION FORM**

Saturday, January 9, 2021, 9 - 11AM  
Shepherd of the Hills, Pewaukee

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

How did you hear about this event? \_\_\_\_\_

\_\_\_\_\_

Please share a little information about the person you lost and when the loss occurred.

\_\_\_\_\_

\_\_\_\_\_

Registration fee: \$ 5.00 (Includes Participant Guide)

Cash or Check to SOTH.  
Scholarships available.

Please return Registration Form and payment to the Shepherd of the Hills office, 9:00 - 3:00, M-TH or mail to:

Shepherd of the Hills  
Spiritual Growth/GriefShare  
PO BOX 802  
Pewaukee, WI 53072

Questions: [catherine@sothpewaukee.org](mailto:catherine@sothpewaukee.org) or 262-691-0700 ext. 24