



Application

Name: _____

Address: _____

Email address: _____

Phone number(s): _____

Applying alone _____ **Applying with** _____

Have you experienced the death of a close relative or friend? _____

Do you have a major physical or mental condition? _____

If so, what? And what current treatment do you have? _____

Please tell us a little about why you are interested in this program:

Is there anything else that you would like the moderators to know? _____

All answers will be kept in strictest confidence.

*Please print and fill out and email or mail to: Mary-Allen Macneil, 46576
Eastwood Drive North, Oakhurst, CA 93644 or mamacneil@sti.net*