

TRANSPARENTING

REGISTRATION FORM

Name (as it appears on court paperwork)

Mailing Address

City

State

Zip

Phone

Email

Session date attending

Court Cause #

Attorney representing you

I prefer to NOT attend the same seminar as my child's other parent.

Please contact me if _____ is
registered for the same seminar.

Special arrangements may be needed due to a physical impairment
(describe special need) _____.

Please contact me prior to the seminar for more information.

Amount Enclosed: \$ _____ (No personal checks!)

**Send Registration Form
and Payment to:**

**Family Time Plus
107 E. State St.
Princeton, IN 47670**

