

# Gail M. Yost and Associates

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## Small Group Registration Form

Please provide the following information for our records.  
**Please bring this completed form to your first group session.**

Date: \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

If minor:

Name of parent/guardian: \_\_\_\_\_

Street address: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

I give my permission to be called at: Home: Yes/No Cell: Yes/No

Special instructions: \_\_\_\_\_

E-mail: \_\_\_\_\_ May I email you? Yes/No

*\*Please be aware that email might not be confidential.*

How did you hear about this group? \_\_\_\_\_ Website? \_\_\_\_\_

Referred by: \_\_\_\_\_

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