

Name (First, Middle, Last): _____

Address: _____

Province: _____

Postal Code: _____

Sex (circle): Male Female

Daytime Phone: (____) _____

Alt. Phone Number: (____) _____

Fax: (____) _____

E-Mail: _____

Health Services #: SK/AB: _____

Birth Date: _____

Mother's Maiden Name (for identification purposes): _____

Addicted Loved One's Name (if they are a client at TRC): _____

Relationship to TRC Client: _____

If your loved one is not a client at TRC, what is your relationship to the person: _____

Booked Date for Family Program: _____

* Registration needs to be filled out as soon as possible and faxed/emailed back as Program space is limited.

Email: brendah@thorperecoverycentre.org

Fax: 780-875-2161

Phone: (877) 875 8890 or (780) 875 8890

Please call if you have any questions or if we can help you further. We look forward to having you join us.