

“LET GO OF WHAT HAS YOU WEEKEND”

With

Aida Reyes, MA, CHT
(305)345-3498

Bob Hafner, LMHC
(786)236-7927

Please enroll me in this workshop!!!

Name _____

Address _____

City, State, Zip _____

Cell Phone (____) _____ Home (____) _____

E-Mail _____

\$325.00 paid by January 8th, 2025

\$350.00 Full tuition paid by January 31, 2025

Couples: **575.00** paid by January 8th, 2025

Couples: **650.00** paid by January 31, 2025

Please send your check to:

Phoenix Center for Healing, P.A.

14875 SW 238th St.

Homestead, FL 33032

Please answer the following questions:

Are you currently under the care of a mental health professional, i.e. Psychiatrist, Psychologist, Counselor, Therapist, etc.? _____

If so, are you currently taking medication for your mental health condition, i.e. anti-depressants, anti-anxiety, etc. _____

If so, please contact Aida and or Bob, to discuss the extent of your participation in the weekend.

I am eager to begin this next step in my growth, and I am committing to myself and to others in the group to complete this weekend.

Signature

Date