

“LET GO OF WHAT HAS YOU WEEKEND”

With

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

Bob Hafner, LMHC  
(786)236-7927

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Please enroll me in this workshop!!!

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

**\$325.00** paid by February 1, 2024      **\$350.00** Full tuition paid by February 23, 2024

Couples: **575.00** paid by February 1, 2024    Couples: **650.00** paid by February 23, 2024

Please send your check to:  
**Phoenix Center for Healing, P.A.**  
14875 SW 238<sup>th</sup> 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