Couples Intensive
Registration:

1. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Email: _____

2. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Email: _____

We would like to schedule a Couples Intensive.

- **Possible Dates:** _____
- ____ **We would like to add an Equus Experience**

Facilitator(s): Garet Bedrosian, LCSW, CIRT

Training Location: San Diego, CA at FatherHeart Ranch in Ramona, CA

I (We) have had Individual or Couples therapy:

Client: _____ Therapist: _____ Dates: _____
Client: _____ Therapist: _____ Dates: _____
Client: _____ Therapist: _____ Dates: _____

Our Hopes and Dreams for Attending the Intensive:

_____

_____

_____

Anything else you want me to know about you:

_____

_____

_____

Signature: _____ Date: _____
Signature: _____ Date: _____

Please submit the registration form to confirm intensive availability.
Payments will be made to Venmo: @Garet-Bedrosian
(Please read cancellation policy)