

**Registration form for Dolphin therapy program**

Name:

Age:

Phone number(s) and email:

Information on participant including diagnosis (if any), challenge or illness:

Please tell us about the participant –what they are like as a person –their interests, strengths, challenges?

Number of people in your family or group:

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How did you learn about Living from the Heart’s dolphin therapy program?

What do you hope to achieve from your dolphin therapy experience with us?

Method of Payment: To pay by check or money order, you may send it to:

Living From The Heart  
P. O. Box 865   
Morrison, CO  80465

To pay by credit card – will pay with card, call August 2nd to process payment.   
Visa or Mastercard (5% processing charge) American Express (10% processing charge)

Name on card:  
Card number:  
Expiration date:   
3 digit code in back: