

Wellness Counseling Associates LLC
Richard Wheeler, LPC
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REGISTRATION FORM
DOMESTIC VIOLENCE PROGRAM (DVP)

NAME: [Print] _____ Email: _____

ADDRESS: _____ ZIP: _____ Tel: _____

PROBATION OFFICER: _____ Email: _____

ATTORNEY: _____ Tel: _____ Email: _____

CLASS TUITION \$200

CLASS DATES

_____ **AUGUST 24 & 25** **8:30 AM – 3 PM**

_____ **SEPTEMBER 21 & 22** **8:30 AM – 3 PM**

MAIL REGISTRATION FORM TO: With check or money order (\$200)

Wellness Counseling Associates LLC
P.O Box 6356
Lancaster, PA 17607

ADDITIONAL PROGRAM INFORMATION AT WEBSITE: RWWCA.COM

CLASS LOCATION: DO NOT MAIL FORM TO THIS ADDRESS

WELLNESS COUNSELING ASSOCIATES
439 NORTH DUKE STREET
LANCASTER, PA 17601

LUNCH: PROVIDED – PIZZA

SIGN

DATE