

**COMMUNITY MEDIATION PROJECT
EVENT REGISTRATION**

Event Date: _____ **Event Title:** _____

Last Name: _____ **First Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Note: If this is a couple's event, please fill in the name of your partner and any information that is different from your own.

Last Name: _____ **First Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Send this completed form with your check or money order for registration to:

**Community Mediation Project
PO Box 337634
Greeley, CO 80633**