

*The Counseling Team International's*  
Public Safety Trauma Recovery and Resilience Retreat  
Registration Form

If you would like to attend our retreat, please fill out the following registration form. Our office will then send out an intake form for you to submit. Following submission of the intake form, there will then be an in-person interview scheduled with a clinician, allowing time for you and the clinician to determine if the retreat is a good fit for you.

**Full Legal Name:**

\_\_\_\_\_

First	Middle Initial	Last	Another Name / Alias
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**Date of Birth MM/DD/YYYY:**

\_\_\_\_\_

**Marital Status:**

\_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_

**City/State/Zip:**

\_\_\_\_\_

**Employer:**

\_\_\_\_\_

**Division/School/Branch:**

\_\_\_\_\_

**Occupation/Rank/Title:**

\_\_\_\_\_

**Years on Job:**

\_\_\_\_\_

**Contact Phone Number:**

\_\_\_\_\_

**Email Address:**

\_\_\_\_\_

**Emergency Contact Information:**

**Name:**

\_\_\_\_\_

**Phone:**

\_\_\_\_\_

**Relationship:**

\_\_\_\_\_

**Client Signature:**

\_\_\_\_\_

Please scan and email this form to [tctitraining@gmail.com](mailto:tctitraining@gmail.com), or fax this form to (909) 384-0734  
(Attn: TCTI Training Department)

Contact the Training Department at (800) 222-9691 for more information.

*The Counseling Team International*  
(800) 222 – 9691  
[www.thecounselingteam.com](http://www.thecounselingteam.com)