

REGISTRATION FORM FOR KID'S SAKE SEMINAR

Please Print

Payment Must Accompany Form.

Proper Cash (**Exact Change**), Money-Orders,
& Cashier's Checks are accepted & made payable

For Kid's Sake Seminar. (**No Refunds Issued**)

***No personal checks or credit cards!**

Mail or Hand Deliver To:

For Kid's Sake Seminar
Galveston County Collections Dept.
600 59th Street, Room 1500
Galveston, TX 77551

Name: _____

Address (No post office boxes): _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Involvement in Lawsuit: (Check one)

() Galveston County Resident \$40.00FEE

() Out -Of -County Resident \$50.00FEE

Cause #: _____ Court #: _____

List Seminar Date:

First Choice: _____ (you will be notified only if date is unavailable)

Do you have any Special Needs? (Visual, language, or disability of any kind)

Will you need an interpreter? () Yes or () No (If yes, please list His or Her name)

**IMPORTANT NOTICE: Court ordered participants must attend the
complete seminar to receive a certificate of completion.**

PLEASE ARRIVE 15 MINUTES EARLY.

**DUE TO THE SENSITIVITY OF THE PROGRAM, PLEASE DO
NOT BRING CHILDREN!**
