



Registration Form

Please print or type

Name of One Partner	
Address	
City, State, Zip	
Telephone (home)	
Fax	
E-Mail	

Name of Other Partner	
Address	
City, State, Zip	
Telephone (home)	
Fax	
E-Mail	

Mail Completed Registration Form to:

Len Leeb, MS, LMHC
c/o The Longhouse
2309 49th Street S, Gulfport, FL 33707

Complete and E-mail Registration Form to:

imagolen@verizon.net

Call with Questions About Registration:

727-251-5003