



His Healing Light Class

Class: \_\_\_\_\_ Dates of Class: \_\_\_\_\_

Church/Ministry: \_\_\_\_\_ Facilitator: \_\_\_\_\_ Facilitator Email: \_\_\_\_\_ Facilitator Phone: \_\_\_\_\_

Class	Title (Mr or Ms only)	First Name	Last Name	Street Address	City	State	Zip Code	Preferred Phone Number	Email Address	Student or Leader?	Wishes to Receive Newsletter? Choose "No" if they already receive it.

Class	Title (Mr or Ms only)	First Name	Last Name	Street Address	City	State	Zip Code	Preferred Phone	Email Address	Student or Leader?	Wishes to Receive Newsletter? Choose "No" if they already receive it.