HIS HEALING LIGHT
MINISTRIES

Healing Journey Class Roster

Dates of Class: _____

Church/Ministry: _____ Facilitator: _____ Facilitator Email: _____ Facilitator Phone: _____

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.
Ms.									Student	Yes
Ms.									Student	Yes
Ms.									Student	Yes
Ms.									Student	Yes
Ms.									Student	Yes
Ms.									Student	Yes
Ms.									Student	Yes
Ms.									Student	Yes
Ms.									Student	Yes
Ms.									Student	Yes
Ms.									Student	Yes
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