

Dear Healing Journey Participants:

My name is \_\_\_\_\_ and I am the prayer coordinator for this ministry. During this year, you will be matched up with someone who will pray especially for you and your healing. Please fill out the following information so your prayer partner knows how to pray for you. If you have any questions, don't hesitate to email me at \_\_\_\_\_ or call me at \_\_\_\_\_.

\*\*\*\*\*

First Name (last name optional): \_\_\_\_\_

Spouse and/or children's names (ages): \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email (optional): \_\_\_\_\_

Birthday (optional): \_\_\_\_\_

Do you wish to have your prayer partner contact you? \_\_\_\_\_

Your Prayer Needs: (Please only list prayer needs that relate to your life and healing.)

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