

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.)

