

Dear Friend:

I am delighted you are interested in joining The Healing Journey Class.

We are offering the class on \_\_\_\_\_ (day) at \_\_\_\_\_ (time) beginning  
\_\_\_\_\_ (start date). Childcare is available if needed (if applicable). The  
class will meet at \_\_\_\_\_ (location).  
The registration fee is \$ \_\_\_\_\_.

If you have decided to be in the next class, return the lower part of this registration form and your payment at your earliest convenience, so we can order your materials. Your place in the class is guaranteed once we have received your registration form and payment. We will check back in a couple weeks if we have not heard from you. If you need financial assistance, call us to inquire about a partial scholarship. The brochure and curriculum outline are for you to keep or pass on to a friend you would like to invite to take to class.

Please mail your registration to \_\_\_\_\_.  
If you have any questions, call \_\_\_\_\_.

---

### **The Healing Journey Class Registration Form**

Please register me for The Healing Journey Class. I give my permission for the following information to be included on the class roster to be used for this class.

Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_ I need childcare.

Specify number of children and ages \_\_\_\_\_

\_\_\_\_\_ I have included the \$ \_\_\_\_\_ registration fee.

Check this box if you do not want to receive the His Healing Light Ministries newsletter.