"YEAR" Boot Camp Registration

Name			
Address			
City, State, Zip			
Phone			
Email			
Church You Attend			
Food Allergies			
Registration Type	☐ Single Room: $ (by early registration cutoff date) ☐ Single Room: $_____ (by final registration cutoff date) ☐ Double Room: $_____ (by early registration cutoff date) ☐ Double Room: $_____ (by final registration cutoff date)		
Roommate Request			
I am primarily training for	☐ *Healing Journey* ☐ *Freedom Journey for Teens*		
Please order these required materials that I don't already own (add amount to registration fee) **Note:** To obtain *Road Map to Healing* to read prior to Boot Camp, order book or e-book from HisHealingLight.org.	**Healing Journey Leaders** ☐ *Healing Journey Student Kit* $__ ☐ *Healing Journey Leader Guide* $__ ☐ Training Video DVD $__ (Optional TDVD Lifetime Streaming through website) ☐ **If leading a class:** *Class Facilitator Manual* $__ (optional but helpful for leaders) ☐ **If starting a new class**: *Healing Journey Curriculum Kit*$__ (includes everything listed above and more) ☐ Other materials from HHLM website www.hishealinglight.org	**Freedom Journey Leaders** ☐ *Freedom Journey Student Kit* $__ ☐ *Freedom Journey Leader Guide* $__ ☐ Training Video DVD $__ (Optional TDVD Lifetime Streaming through website) ☐ **If leading a class:** *Class Facilitator Manual* $__ (optional but helpful for leaders) ☐ **If starting a new class**: *Freedom Journey Curriculum Kit* $__ (includes everything listed above and more) ☐ Other materials from HHLM website www.hishealinglight.org	
Payment Method	☐ Check or money order payable to _____ ☐ Other electronic payment method_____ ☐ Credit card (list cards accepted)_____		
Card Number		**Expiration (MM/YY)**	
Name on Card		**CVC Code**	
Signature			
Total Amount (registration fee plus prepaid materials)	$		

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