

'5 Days of Healing' Registration Form



Name *(Please print clearly)* _____

Address _____ Apt.# _____ City _____

Province _____ Postal Code _____ Email address _____

Home Phone # _____ Cell # _____

Birthdate (mm/dd/yy) ____/____/____ Have you asked Jesus to be Lord of your life? _____

Emergency contact (List two if possible)

Name (1) _____ (2) _____

Phone Number (1) _____ (2) _____

Do you have any serious food allergies? Other Allergies? Yes No if 'yes', please specify:

Please note: We serve a lot of fruits and fresh vegetables at each meal. If you have a food "preference", and are concerned that those preferences won't be met, you may bring food items. There is a small amount of fridge space for extras.

Do you have any health concerns? Yes No if 'yes', please specify:

Are there any current critical issues occurring in your life that we should be aware of? Yes No

Confidentiality:

By signing this registration form, I agree to keep confidential anything shared by participants during the seminar.

Signature: _____

- **The total cost for the 5 days (including a private room, all meals, manual and ministry) is \$700.00.**
- **A non-refundable deposit of \$100.00 with this registration form, confirms your registration.**
- **Please return this form with your deposit cheque to the address below.**
- **After we receive this form and your deposit, we will email you the directions to the location, arrival times, a list of items to bring and other information.**

For office use: Date deposit rec'd: _____ Via: Cash/cheque/E-transfer
Date Confirmation sent: _____ Final Pmt rec'd: _____

Mailing Address: 245 King George Rd., Suite 104, Brantford, ON N3R 7N7
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