

'5 Days of Healing' Registration Form



Name (Please print clearly) _____

Address _____ Apt.# _____ City _____

Province _____ Postal Code _____ Email address _____

Home Phone # _____ Cell # _____

Emergency contact (List two if possible)

Name (1) _____ (2) _____

Phone Number (1) _____ (2) _____

Do you have any serious food 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

- The total cost for the 5 days (including a private room, all meals, manual and ministry) is \$500.00.
- A deposit of \$100.00 included 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: Deposit rec'd: _____ Cash/cheque
Confirmation sent: _____ Final Pmt rec'd: _____

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