

# HEALING/MIRACLE SCHOOL REGISTRATION FORM

Last Name: \_\_\_\_\_ First: \_\_\_\_\_  
(as you want it to appear on your graduation certificate)

Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_  
(Print Clearly)

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Church: \_\_\_\_\_

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REGISTRATION: \$20.00 (INCLUDES TWO BOOKS AND FOLDER)

## Book Information (For Office Use Only)

**Received:** HealSick\_\_\_ WholeMan Handbook\_\_\_ HealHeart\_\_\_ PowerHeal\_\_\_

Amount Paid \_\_\_\_\_ Cash/Check (circle one)

Amount Due \_\_\_\_\_

Notes: \_\_\_\_\_

Attended Classes: #1 \_\_\_\_\_  
#2 \_\_\_\_\_  
#3 \_\_\_\_\_  
#4 \_\_\_\_\_  
#5 \_\_\_\_\_

## CONTACT:

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[www.rivervalleylifecenter.com/ministries/healing](http://www.rivervalleylifecenter.com/ministries/healing)