



Body ☆ Mind ☆ Spirit

# Registration Form

Name:		Date:
Street Address:		
City/State/Zip:		
Home Phone:	Business Phone:	Mobile:
Best time to contact:	Best Number to reach you: __Home __Business __Mobile	
How did you hear about Journey to Freedom Classes?		

**Please Register me for the Following:**

Seminar/Class/Workshop	Dates	Time	Fee	For Office Use Only

1. Payment in full must be submitted with this registration form.
2. Cancellations received 48 hours prior to the scheduled start of a class shall be fully refunded minus a 10% cancellation fee. Cancellations received after this time will not be refunded.
- 3 Select your method of payment: \_\_Cash \_\_Check \_\_Credit/Debit Card

<b>Credit Card Payment Information:</b>	
Card #	Expiration Date
Print name as it appears on the card	Signature

**Mail Registration Form and Payment to:**

Journey To Freedom  
 PO Box 293092  
 Dayton Ohio 45429-9998

**OR**

**If Paying By Credit/Debit Card Fax to:**

(937) 297-0510