



**REGISTRATION FORM**

**March 14, 2020 ♦ Healing Retreat**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

E-mail \_\_\_\_\_

Telephone # \_\_\_\_\_

*Please make your check payable to:*

**New Horizons Foundation with ATN in the memo**

**Mail to: All Things New Prayer Ministry**

**2561 Fisk St., Roseville, MN 55113**