



## Registration Form for Classes, Workshops, and Events

Name: \_\_\_\_\_ Date Registered: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Registration Class/Workshop/Event Title: \_\_\_\_\_

Cost: \$ \_\_\_\_\_ Payment Type (Please Check):  Cash  Check # \_\_\_\_\_  Credit Card

Have you attended other classes at Sacred Journeys?  Yes  No

How did you hear about us? \_\_\_\_\_

Please sign when you have read and understand our Event Registration Policy online

at: [www.sacredjourneyswellnesscenter.com/classes](http://www.sacredjourneyswellnesscenter.com/classes)

Any additional information/restrictions we need to be aware of:

Disclaimer: Your privacy is important to us and we will not share, rent, trade, or sell your information. This paper is for office use only and will be kept in a secure place. Thank you for choosing Sacred Journeys Wellness Center.

Signature: \_\_\_\_\_

### OFFICE USE ONLY

Date Paid: \_\_\_\_\_ Payment Type:  Cash  Check # \_\_\_\_\_  Credit Card

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_