



Registration Form

Please print legibly.

Title of class/retreat/program _____

Start Date _____

Name _____

Street address _____

City _____ State _____ ZIP _____

Best phone number to reach you _____

Email _____

Payment (Cash, Check or Credit/Debit Card)

Fee/donations are nonrefundable, but can be applied to future services in select circumstances.

Donation \$ _____

_____ Cash _____ Check (Payable to St. John's Hospital) _____ Credit/Debit Card
(use form below)

* * * * *

Type of card (Amer Exp not accepted): _____ Exp Date (mm/yyyy): _____

Card numbers: _____ V-Code _____
(Last 3 digits on back of card)

Name (as it appears on credit/debit card): _____

Is the billing address different from home address? Yes No
If NO, provide address below:

Street _____ City _____ State _____ Zip _____

Phone: _____

Signature: _____