

Warriors' Journey Home
April 27 – 29, 2017 Training Registration

Name_____

e-mail_____

Organization_____

Phone_____

Address_____

Tell us a little about yourself, please.

Veteran_____ Person of Strong Heart (aka civilian)_____

Do you wish to start a Warriors' Journey Home Healing Circle in your community?

Special Dietary Needs:

Return to:
Warriors' Journey Home Registrar
P.O. Box 67121
Cuyahoga Falls, Ohio 44222

Contact Person: John Schluep, D.Min. 330.633.4931