Angel On My Shoulder/ Healing Angels Retreat for Cancer Survivors

1611 Pine Tree Lane, P.O. Box 747, St. Germain, WI 54558
(715) 542-3065, 1-800-860-3431 or Fax (715) 542-4500
Email: angel@nnex.net

Please complete and return the following enrollment form for consideration of your participation in the *Healing Angels Retreat for Cancer Survivors offered by Angel On My Shoulder.*

You will receive confirmation by mail, phone or e-mail. Date _____

Your Name _____

Address _____ Daytime Phone (_____) _____

City, State, Zip _____ Evening Phone (_____) _____

Date of birth: _____/_____/_____ Gender: ☐ Male ☐ Female Email: _____

Please provide a brief summary of your situation:

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A guest is welcome to share your room and join us for dinner on Friday night, however, the *Healing Angels* retreat is designed for CANCER SURVIVORS ONLY. Individual enrollment forms are required for each participant.

Guest's Name (if applicable): _____

Address: _____

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Relationship: _____

Enrollment is limited and on a first-come, first-served basis.