Healing Angels

Supporting the post-cancer healing experience.

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A PROGRAM OF
Angel On My Shoulder™

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 or e-mail. Date _____

Your Name_____ Shirt Size (Unisex Adult): _____

Address_____ Home Phone (_____) _____

City, State, Zip_____ Cell Phone (_____) _____

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

May we share your email with other participants? Yes ☐ No ☐

Please list any dietary restrictions (vegetarian, gluten-free, allergies): _____

Please provide a brief summary of your cancer experience/situation:

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One guest is welcome to share your room and join us for dinner and session 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.