

Supporting the <u>post-cancer</u> healing experience.

P.O. Box 747, St. Germain, WI 54558 1-800-860-3431 | Fax (715) 542-4500





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:
Please list any dietary restrictions (vegetarian, gluten-free, allergi	es):
Please provide a brief summary of your cancer experience/situo	ation:
One guest is welcome to share your room and join us for dinner retreat is designed for CANCER SURVIVORS ONLY. Individual enro	
Guest's Name (if applicable):	
Address:	
Relationship:	