

Spring of Hope Workshop Registration

Seminar: _____

Name: _____

Address: _____

Phone #: _____

Email: _____

Registration cost: \$99.00/Person

I am including a \$_____ check made out to
"Spring of Hope"

Signed: _____

Mail payment to:

Spring of Hope Ministries
230 S. Potomac Street; Suite C
Waynesboro, PA 17268