

TREE OF HEALING
Class Registration Form

Class 1: _____ Fee: \$ _____

Class 2: _____ Fee: \$ _____

Class 3: _____ Fee: \$ _____

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone (Work): _____

Phone (Home): _____

Phone (Cell): _____

Class fees are non-refundable. Please make check payable to Tree of Healing, LLC and mail to:

Tree of Healing, LLC
2317 Silas Deane Highway
Rocky Hill, CT 06067

Phone: (860)529-6601

Email: joanne@joannetreeofhealing.com