

Registration Form

Name: _____ Address: _____

Postal code: _____ Province: _____

Phone Numbers: (H) _____ (W) _____ Email: _____

Name of workshop(s): _____

Program fees: \$ _____

GST (7%): \$ _____

Fee enclosed: \$ _____

Please make cheques payable to **Grace Ross** and send to:

Soulground Centre for Spiritual Healing
66 Duchess Ave.
Kitchener, On.
N2M 2K3