Class Registration Form for Jin Shin Jyutsu Classes FUNDS PROVIDED VIA USPS (__CHECK / __MONEY ORDER) OR VIA PAYPAL IN THE AMOUNT OF \$ ___.00, REPRESENTING: __DEPOSIT / __FULL PAYMENT FOR: __SELF-HELP (DATE: __/_/) / _TOUCH FOR TRANSITION (DATE: __/_/) YOUR CURRENT INFORMATION: FIRST NAME: _____ LAST NAME: _____ MAILING ADDRESS: _____ CITY: ____ STATE: __ZIP: ____ TO REGISTER FOR CLASSES (VIA EITHER USPS OR ELECTRONICALLY), SIMPLY COMPLETE & FORWARD THIS FORM / INFORMATION TO VERONICA ROSE, C/O: HEALING HEARTS, 422 LARKFIELD, #393, SANTA ROSA, CA 95403 PHONE (707) 568-0767 / E-MAIL: HEALEDHEART@GMAIL.COM