



## Cleansing Stream

### Registration

Please complete and text/email to our Registrar: **Lisa Byrd, 541-419-6171.**

\_\_ **SPRING** \_\_ **FALL** Year: \_\_\_\_\_

*Please print. One form per person, please.*

First Name	Last Name	Year of Birth
Home Phone	Cell Phone	Email
Address	City, State, Zip	
Place of Worship	Pastor Name	

**Fees:**      **\$275 includes program, Getaway, and all materials.**  
                 **\$195 returning adult**  
                 **\$225 Ages 13-19**  
                 **\$125 Retreat only (early bird)**

Check, made payable to **Radiance Ministries**       Credit/debit card

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Card #      Exp      CIV

Please call me about financial options.

#### **I commit to:**

- \* Attend all classes and Getaway Event**
- \* Complete all assignments**
- \* Keep small group talks confidential**
- \* Pay my fees on time or early**

\_\_\_\_\_  
Signature      Date

Pastors desiring more information are encouraged to contact Pastor Sue Goodman, 541-385-1265, sgoodman934@gmail.com.