Sign In Sheet for Service to Military Event

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_



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**Participants:** Please Initial below in the Yes or No column, if you give permission or not as stated above. *Please add your email address if you would like more information about the Healing Touch Program and/or Healing Touch World Foundation.*

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|  | Participant Name | Yes – Initial Below | No – Initial Below | Email Address |
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