**Healing School**

What I learned in this session. OR My testimony /healing demonstration:
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(**use back if necessary**)

Pray with me for or about:

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(**use back if necessary**)

Question – Comment:

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(**use back if necessary**)

It is o.k. to share this testimony in the workshop. Yes \_\_\_\_ No \_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 (optional – print please)

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_