

Our registration system has been hacked!!!

Until we can resolve this issue, we request that you print this form, fill it out and the scan to email to:  
warriorheart@starfishfound.org

Or you can send it to us via US Mail  
Healing Warrior Hearts, 2437 N Booth St, Milwaukee, WI  
53212

We apologize for the inconvenience!  
We are doing our best to repair our system.

## Course Registration Form

### Healing Warrior Hearts

Fill out and submit this form to register for any course listed in "Course/Date" below.  
 For specific date details, see the [calendar](#) or click on More Info on a specific item below.

Course/Date*	Course/Event	Location	Specifics	Start Date	Cost		
Please register for only <b>ONE</b> retreat date! We will contact you to confirm your registration. If the date you choose is not available, we will discuss optional dates with you after receiving your registration request.	<input type="checkbox"/>	Healing Warrior Hearts MST	Milwaukee, WI	March 2025	March 21, 2025	0.00	<a href="#">More Info</a>
	<input type="checkbox"/>	Healing Warrior Hearts	Houston, TX	May 2025	May 16, 2025	0.00	<a href="#">More Info</a>
	<input type="checkbox"/>	Healing Warrior Hearts	Milwaukee, WI	June 2025	June 27, 2025	0.00	<a href="#">More Info</a>
	<input type="checkbox"/>	Healing Warrior Hearts Couples Weekend	Milwaukee, WI	August 2025	August 8, 2025	0.00	<a href="#">More Info</a>
	<input type="checkbox"/>	Healing Warrior Hearts MST	Milwaukee, WI	September 2025	September 19, 2025	0.00	<a href="#">More Info</a>
	<input type="checkbox"/>	Healing Warrior Hearts	Houston, TX	October 2025	October 3, 2025	0.00	<a href="#">More Info</a>

Will you be a participant or staff member?\* Select One if staff, are you a veteran or civilian? Select One

First Name\*

Last Name\*

Email

Occupation

Birth Date  (format m/d/yyyy)

Street Address

City

State

Zip

Home Phone\*\*  (format 123-456-7890)

Cell Phone\*\*  (format 123-456-7890)

Work Phone\*\*  (format 123-456-7890)

Who referred you to us?

**If registering as a Participant, please give us information about your service and goals**

Branch

MOS

Have you served in Combat? Select One if yes, theater of action:

Dates of service

What is the outcome you would like for yourself from attending this program?

Other comments

**Are you a human?\***  
 (This helps us prevent spam and bots)

I'm not a robot

reCAPTCHA  
 Privacy - Terms