

SORNA Healing and Reentry  
700 Black Kettle Boulevard  
P.O. Box 102  
Concho, Oklahoma 73022-0102

## SPIRITUAL/RELIGIOUS ACTIVITY LOG SHEET

Participant's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Number Completed	Date	Time of Day	Location	Type: Sundance Ceremonies, Sweat Lodge	Witness Name	Witness Phone Number
1.						
2.						
3.						
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21.						
22.						
23.						
24.						
25.						

WITNESS COMMENTS:

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Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form must be completely filled out. Please return to SORNA Healing and Reentry when completed.