

# Soul Journey Program (Level I)

## Registration Form

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (M) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_

Please select which payment mode you prefer for the class fees

- A. Monthly                      B. One time payment with 10% discount.  
a. Online                        b. Cash                              c. Check                              d. Credit Card

What traditions/methods of spirituality have you studied to date?

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What do you like to learn in this program?

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What is the focus in your life currently?

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Please check any if interested.

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> Healing     | <input type="checkbox"/> Reiki – Energy Healing | <input type="checkbox"/> Spiritual counseling            |
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Nutrition              | <input type="checkbox"/> Stress management               |
| <input type="checkbox"/> Herbs       | <input type="checkbox"/> Chanting               | <input type="checkbox"/> Yoga                            |
| <input type="checkbox"/> Qi Gong     | <input type="checkbox"/> Feng Shui              | <input type="checkbox"/> Others (                      ) |