

# Embrace Your Essence

Sarah Barlow, RMT

## **CLASS REGISTRATION FORM**

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

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

Phone (work) \_\_\_\_\_ Occupation \_\_\_\_\_

E-mail \_\_\_\_\_

Best way to reach you (in the case of bad weather, illness, etc.) \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

How did you hear about Embrace Your Essence? \_\_\_\_\_

### **Register Me For the Following Class(es):**

#### **\_\_\_ Reiki I: Healing Self, Family & Friends**

\$350 Fee; \$50 Deposit (due one week before class)

Students may pay the remaining balance at the time of part one, or pay in \$100 increments at each part.

OR

I would like to audit the following as a (circle one):

	Returning student	Student from another lineage
___ Part One: Foundations & Self-Reiki	\$50	\$75
___ Part Two: Table Session Basics	\$50	\$75
___ Part Three: Integration	\$50	\$75

\_\_\_ Please check if you are a returning student, and would like the most recent copy of the manual.

**Class Dates I Will Be Attending:** \_\_\_\_\_

**Total Cost:** \_\_\_\_\_

**Reiki II: Expand Your Reach**

*Pre-requisite Reiki I.*

\$425 Fee; \$50 Deposit (due one week before class)

Students may pay the remaining balance at the time of part one, or pay in \$125 increments at each part.

OR

I would like to audit the following as a (circle one):

	Returning student	Student from another lineage
<input type="checkbox"/> Part One: Sacred Symbols & Furthering Table work	\$62.50	\$93.75
<input type="checkbox"/> Part Two: Distant Healing	\$62.50	\$93.75
<input type="checkbox"/> Part Three: Integration	\$62.50	\$93.75

Please check if you are a returning student, and would like the most recent copy of the manual.

**Class Dates I Will Be Attending:** \_\_\_\_\_

**Total Cost:** \_\_\_\_\_

**Reiki Master Practitioner: Privilege & Responsibility**

*Pre-requisite Reiki II.*

\$550 Fee; \$50 Deposit (due one week before class)

Students may pay the remaining balance at the time of part one, or pay in \$125 increments at each part.

OR

I would like to audit the following as a (circle one):

	Returning student	Student from another lineage
<input type="checkbox"/> Part One: Master Symbols & Fine-tuning	\$62.50	\$93.75
<input type="checkbox"/> Part Two: Focused Treatments	\$62.50	\$93.75
<input type="checkbox"/> Part Three: Supplemental Techniques & Developing a Practice	\$62.50	\$93.75
<input type="checkbox"/> Part Four: Integration & Wrap-up	\$62.50	\$93.75

Please check if you are a returning student, and would like the most recent copy of the manual.

**Class Dates I Will Be Attending:** \_\_\_\_\_

**Total Cost:** \_\_\_\_\_

*Embrace Your Essence*

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**POLICIES**

\_\_\_ I have included my deposit of \$50, or the full cost for the class.

\_\_\_ I have made out my check to Embrace Your Essence, paid online at: [www.embraceyouressence.org/online-payments.html](http://www.embraceyouressence.org/online-payments.html), or give my permission to charge the following credit/debit card for the deposit.

Card Holder's name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ CVV Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Deposits are non-refundable except in the case of unsafe road conditions, illness, personal or family emergency. Please call 608.335.1934 as soon as possible, if you are unable to make it for the class.

\_\_\_ If applicable, I have circled whether I will be: paying the remaining balance at the time of my first class, or paying in increments at each part of the class.

\_\_\_ I understand that if I have any special needs or circumstances that it is my responsibility to communicate them to Sarah as soon as possible so that she can make the appropriate accommodations for my well-being.

For students from another lineage/teacher:

\_\_\_ I have completed the entrance interview, and have registered for the recommended classes.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Please scan this completed document and email to [embraceyouressence@gmail.com](mailto:embraceyouressence@gmail.com), or mail to the following address:

Embrace Your Essence  
122 E. Olin Ave, Suite 150  
Madison, WI 53713