

Reiki "Lite" Class Registration Form

Name _____ Date _____

Preferred Pronouns _____ Date of Birth _____
(she/her/hers, he/him/his, they/them/theirs, ze/hir/hir, just your name, etc.)

Address _____

City _____ State _____ Zip code _____

Phone (home) _____ Phone (cell) _____

Phone (work) _____ Occupation _____

E-mail _____

Your e-mail will be used to send appointment confirmations and reminders. If you would also like to sign-up for our e-letters please check the boxes that interest you below.

- Musings from the Journey—
Reflections on connecting more
fully with who we really are
- Announcements &
Classes & Events
- Important Updates

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 Reiki "Lite"

\$300 Fee (must be paid in full at least two weeks before class begins)

___ Please mail my manual to the address above

___ Mail my manual to the following address:

Class Dates I Will Be Attending: _____

Policies

Please initial below if you consent.

___ I have made out my check to Embrace Your Essence, or paid online at:
www.embraceyouressence.org/online-payments.html.

Your space is held once payment is received. Class fees are non-refundable.

___ I understand that the entirety of this course is going to be live online via Zoom. I have access to the appropriate devices and internet connection to participate. I have made arrangements to be in a calm, safe place to be present, and engaged during class time.

___ 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.

___ I understand that the nature of this course is for personal growth purposes, and that certification is not included. I understand because we will not be in person there are limitations to the feedback Sarah is able to give me about my Reiki skills. I will do my best to practice ethically and with respect for myself and others.

Student Signature

Date

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

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

I must receive your registration at least two weeks before the start date for you to be able to join.

I look forward to being a part of this next phase in your journey!