

**Aahara Spiritual Community of Venus Rising
Shamanic Healing Initiatory Process**

___ Shadow: September 18 - 20
___ Inner Beloved: November 20 - 22
___ Sacred Purpose: January 15-17 2021

**Please check the
workshop(s) you are
registering for**

**Friday evening through Sunday evening
Mail to: Carley Mattimore / John Malan, 329 S. Douglas, Springfield, IL 62704**

Date _____

Name _____ also called _____

Age _____ Birth Date _____ Birth Time _____ Birth Place _____

Address _____
Street City State Zip

Phone – Home _____ Work _____ Cell _____

Fax _____ E-mail _____

Web site _____

Relationship status _____ How long? _____

Children _____ Ages _____

Parents living _____ Ages _____

List significant others, including names, ages, and relationship _____

A brief summary of your birth process, if known _____

Place of employment _____ How long? _____

Please list:

a) Illnesses, injuries or surgeries _____

b) Any chronic illness _____

c) Level of education _____

d) Degrees, Certifications, training (including domestic skill) _____

On a separate sheet of paper, please write a short autobiography emphasizing the important milestones in your life. Include your vision for your healing and training goals, why you are drawn to this workshop and what you hope to gain from this experience.

Aahara Spiritual Community, 329 S. Douglas, Springfield, IL 62704
www.aaharaspiritualcommunity.org carleymattimore@gmail.com, johnmalan@gmail.com

217-494-0587, 217-494-0583

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DONATION OPTIONS AGREEMENT

**Donation is \$1875.00 for all 5 sessions, or \$375 per session
Early Bird: \$325.00 or for all 5 session is \$1625.00**

Your \$1,875.00 program donation includes workshop teachings and materials. You must arrange for a place to stay and meals separately.

This workshop can be attended in any combination of sessions, only one or all. Cost per session is \$375.00 and includes workshop teachings and materials.

A deposit of \$100.00 is due with this application in order to reserve a space in the workshop, with the balance due at the beginning of the workshop.

Payment plans are available. Please contact us to discuss.

My deposit check or money order is enclosed.

Signature _____

Date _____

Aahara Spiritual Community is a 501c3 spiritual organization and is recognized as such by the IRS. Donations for ministerial teachings are tax deductible as a charitable contribution. Please ask us for a receipt for your tax deductible contributions.

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EMERGENCY INFORMATION FORM

In the event of an emergency of any sort, it is our wish to provide you with support and assistance. We ask that you help us by providing the following information. This information will be kept confidential.

Date _____

Name: _____ Date of Birth _____

Phone numbers: Home _____ Work _____ Cell _____

Does your family or significant other(s) know you are attending this workshop? _____
In the event of an emergency of any kind, who should we call? Please provide us with the names and telephone numbers, including cell phones, of at least two emergency contacts:

Are you currently under the care of a physician or therapist? _____ If yes, please provide names and phone numbers: _____

Recent surgeries or hospitalizations: _____

Chronic illnesses: _____

Known allergies: _____

Please list any history of psychiatric treatment and hospitalizations: _____

Prescription medications: _____
