Aahara Spiritual Community of Venus Rising

Shamanic Healing Initiatory Process

__ Cycles of Change: March 20-22
__ Family of Origin: May 15-17
__ Shadow: July 17-19
__ Inner Beloved: September 19-20
__ Sacred Purpose: November 20-22

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

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: ____

____
____

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