

Aahara Spiritual Community of Venus Rising

SACRED WARRIORSHIP PATH

Friday evening, December 14, through Sunday the 16th, 2018

Mail to: Carley Mattimore / John Malan, 329 S. Douglas, Springfield, IL 62704

Date \_\_\_\_\_

Name \_\_\_\_\_ also called \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Birth Time \_\_\_\_\_ Birth Place \_\_\_\_\_

Address \_\_\_\_\_

How long? \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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) \_\_\_\_\_

\_\_\_\_\_

**Aahara Spiritual Community, 329 S. Douglas, Springfield, IL 62704**

[www.aaharaspiritualcommunity.org](http://www.aaharaspiritualcommunity.org) [carleymattimore@gmail.com](mailto:carleymattimore@gmail.com), [johnmalan@gmail.com](mailto:johnmalan@gmail.com)

217-494-0587, 217-494-0583

**Aahara Spiritual Community**  
**SACRED WARRIORSHP PATH,**  
**Page 2 DONATION OPTIONS AGREEMENT**

**Donation is \$275 per session Early Bird: \$225.00 before May 15**

Your 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 \$275 and includes workshop teachings and materials.

A deposit of \$100 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.

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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.*

**Aahara Spiritual Community, 329 S. Douglas, Springfield, IL 62704**  
[www.aaharaspirtualcommunity.org](http://www.aaharaspirtualcommunity.org) [carleymattimore@gmail.com](mailto:carleymattimore@gmail.com), [johnmalan@gmail.com](mailto:johnmalan@gmail.com)  
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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: \_\_\_\_\_**

\_\_\_\_\_