**Awakening Your Light Body**

**Enrolment Form**

Join Sarah Khanna, Light Body teacher, for this wonderful birth into light. Please return your completed enrolment form to [sarahkhanna11@gmail.com](mailto:sarahkhanna11@gmail.com).

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| --- | --- | --- | --- |
| I am applying to join the Awakening Your Light Body course starting on: | | |  |
| Full name and title |  | | |
| Full address |  | | |
| Evening phone number |  | | |
| Date of Birth |  | | |
| What is your present occupation? | |  | |
| Would you like to be doing something else?  If so, what? | |  | |
| Briefly, what is your educational background? | |  | |
| What is your background in metaphysics? Give an indication of the books/courses you have studied/are interested in. Use a separate sheet if necessary. | |  | |
| Are you at a point in your life where you can devote about half an hour a day to your spiritual development? | |  | |
| Do you feel that you are fairly self-reliant? | |  | |
| What are your current goals regarding spiritual growth, income, job, health? Tell us anything else about yourself you’d like us to know here. Add a sheet if you need to. | |  | |
| Have you recently been depressed, in grief, or going through a very difficult time? If so, please describe. | |  | |
| Have you ever been hospitalised or have you ever been, or are you currently, in therapy for psychiatric care or a mental disorder? If so, please describe. | |  | |
| Are you taking any form of medication? Please give details. | |  | |
| Please read and sign the waiver below: | | | |
| I have read and understood the details of the course. I understand that I will be experiencing expanded states of consciousness during the course. I am not receiving any treatment or medication which has not been disclosed on this form. I understand that my deposit is non-refundable once I have been accepted on the course and that the full class fee paid by me is non-refundable once the class has begun. I agree that I will not teach the course without the required specialised training. I have read and agree to the booking conditions outlined. | | | |
| Signature | |  | |
| Date | |  | |