**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.

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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 |  |