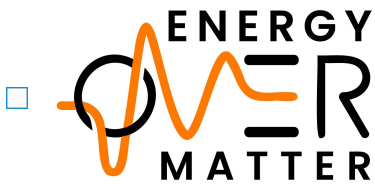


June 7, 2018 8:41 PM



647-784-1345
energyovermatter@proton.me
www.energyovermatter.com

Full Name:	
Address:	
Email:	
Phone Number:	
Date of Birth:	
Health Conditions or Injuries we should know about:	
Any Sensitivity to light, sound, essential oils or incense:	
How did you hear about us?	

Which activities will you be participating in?

Yoga		Meditation		P.E.M.F	
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Payment Method

E-transfer to dayna_gerrard@hotmail.com		Cash	
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Number of Sessions Purchased

Single/Drop-in		5 Sessions		10 Sessions	
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Anything else we should know about?	
Date:	Signature:

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