

**Temple of Light Academy  
Participant Registration Form**

**Workshop Title:** Aura Awareness Course

**Date:** February 13 Saturday & Sunday February 28

**Location:** Moscow, ID or online via Zoom

**Cost:** can pay \$175 each day or \$350 for both through paypal, venmo, cash, check or credit card. *Thank you.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode \_\_\_\_\_

Cellphone: \_\_\_\_\_ Email address: \_\_\_\_\_

Emergency Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

*Please answer these questions to better help me support your Training Experience.*

1. Do you have any training in Energy Medicine, Reiki, Holistic Health, Psychology, Mental Health Counseling, Trauma Informed or other relevant education? (If not that is ok?)
  
2. What would you like to learn from this course?
  
3. Please describe any special needs or health issues that I should know about to better serve you?
  
4. Are you currently working with or do you have access to a counselor or spiritual advisor?
  
5. Anything else you'd like to add?