Reiki & Bio-Balancing Therapies
Class Registration Form

ALL FIELDS REQUIRED. All information will remain secure and confidential.
Mail completed registration with workshop fee PAYABLE TO: L. Sabrina DeVaney

Reiki & Bio-Balancing Therapies
c/o L. Sabrina DeVaney
1080 Meadowlawn Ave.
Lansing MI 48906
USA

Part A: Student Information (Please print clearly)

Today's date: _____

Name: _____
Last First Middle

Nicknames used: _____

Name as you would it appear on certificate:
_____

Date of Birth: _____
Month / Day / Year; ex: 11/ 11/2007

Mailing Address: _____

_____
City ST ZIP

Phone - daytime: ___(_____)_____

Phone - evening: ___(_____)_____

Email address: _____

Alternate email: _____

If you have any questions about your registration, please contact Sabrina –

Contact Form / email – quickest response

Phone (517) 487 –0825

Reiki & Bio-Balancing Therapies™
http://lsdevaney.com
"The highest compliment you can give is the referral of family and friends."

Circle/Insert the responses that apply to you for each of the following:
I am a … smoker … non-smoker.
I am allergic (or have aversions) to … Pet dander … Scented candles … Incense … Oils/Lotions … Perfumes
Other: _____

Do you have any physical limitations? If "yes", please list:
_____
_____
_____

Alcohol consumption / use: Never Daily Weekly Monthly Occasional/Social

Recreational drug use: Never Daily Weekly Monthly Occasional/Social

Kindly inform the instructor if are you under mental health or psychological care.

GO TO NEXT →

Emergency Contact (Please print clearly)
Please list <u>at least one</u> emergency contact. Please list Emergency Contacts *in the order you wish them to be contacted*.

<u>Emergency Contact 1</u>:

Name: _____
Last First Middle

Relationship to Student: _____

Phone - daytime: ___(_____)_____

Phone - evening: ___(_____)_____

<u>Emergency Contact 2</u>:

Name: _____
Last First Middle

Relationship to Student: _____

Phone - daytime: ___(_____)_____

Phone - evening: ___(_____)_____

I, the undersigned, certify that all information I have provided is true and accurate to the best of my knowledge. I clearly understand that classes/trainings/other provided by instructors of Reiki & Bio-Balancing Therapies are ***<u>not</u>*** a replacement for proper and adequate professional healthcare.

Print name: _____ Today's Date: _____

Signature: _____

Courses Registering For & Payments

Course Title	**Course Date**	**Amount of Payment / Deposit Enclosed**	**Balance Due**
TOTALS			

PAYMENT METHODS ACCEPTED

Cash ~ preferred when paying in person
Check, Money order ~ preferred
- $50 NSF for all returned / cancelled checks and money orders

Credit card – PayPal only; please contact for the PayPal "send to" address (unless you already have the email address).

STOP / DONE