

Shamanic Healing – Course Booking Form

Shamanic Healing – Practitioner Training Course	
	Date
	Venue
Part One – Soul Retrieval and Power Animals	
Part Two – Intrusion and Rattle Healing	
Name	
Address	
Email	
Home phone	
Mobile	
Details of any previous experience of Shamanic Healing –	
Do you have any health problems, addictions, mental health problems or any disability? If so please list –	
Are you taking any medication for the above?	
Do you take recreational drugs? If so please list –	

Please contact your course tutor to find out how to pay for the course

Signed	Date

This form will be stored in a secure place by your tutor. Your e-mail address will not be shared.