CENTRE FOR NATURAL HEALING AND MEDITATION

REIKI MASTERSHIP REGISTRATION FORM

Name:			
	First	Middle	Last
Complete Mailir	ng Address:		
Telephone:	Res:	Mobile:	
Practicing Reiki	I since	-	
Practicing Reiki	Il since ———	-	
(Note: Please a	ttach a copy of your Re	iki Certificates)	
What are the ot	her Courses/Training pr	ograms you have attended?	

Please give information *that you can share* on the following:

Meditations and duration:

Spiritual Books you have read:

Services (sewa) that you render:

Do you support any Charitable Institutions/NGOs? If yes, please name them:

Do you do regular Charity/tithing?

Time you devout for Self Healing:

Time you devout for Healing Others:

Do you smoke or Drink? If yes, specify consumption.

Are you a Vegetarian? If NO, do you plan to become a vegetarian?

How has Reiki Practice helped you and other members of your family?

Why do you want to do Reiki Mastership?