www.CrystalReikiEnergy.com
508-353-5136

Crystal Reiki
Mind Body Spirit

Reiki Registration Form
Course: **Reiki Level I (Shoden)**

Location: **Grow You Healing Arts Center, 340 Woodland Street, Holliston MA**

Course Date:_____

Contact Information

Name:_____

Name as you would like it on your certificate:

_____

Address: _____

City/State/Zipcode: _____

Day Phone: _____ Evening Phone: _____

Email Address: _____

Payment Method

Course cost: $175.00. A $25.00 registration deposit is due with this form, with the balance due at first class date. Make checks payable to: Deborah Strafuss. Please note there will be a $20.00 fee for checks returned for non-sufficient funds.

Circle One: Visa Mastercard Amex

Card number: _____

Expiration Date: _____ CVC # _____

Check # _____enclosed.

Amount: _____

Your place in class will be reserved upon receipt of your registration and $25.00 fee.

Please mail to: Deborah Strafuss, PO Box 5013, Wayland MA 01778
Or email me at: HealingHands@CrystalReikiEnergy.com