



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

Location: **Crystal Reiki Wellness, 8 Parkridge Road, Wayland 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: \$185.00 for group class, \$285 for Individual training. A \$50.00 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. Deposit is re-applicable should you not be able to attend class.

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 \$50.00 fee.

*Please mail to: Deborah Strafuss, 8 Parkridge Road, Wayland MA 01778  
Or email me at: HealingHands@CrystalReikiEnergy.com*