



INNER SPIRITUAL GUIDANCE WORKSHOP APPLICATION

Name _____

Address _____

Phone(s) _____

E-mail _____

QUESTIONS

1. Have you ever done a shamanic journey?
Y ___ N ___ If yes, how many times? _____
2. Have you ever experienced a guided meditation?
Y ___ N ___ If yes, how many times? _____
3. Have you ever spoken to or connected with a spiritual being?
Y ___ N ___ If yes, how many times? _____
4. What would you like to get from this workshop?
5. Is there an issue or concern you would like help with from Spirit?

Please cut and paste your answers into the body of an email and send to Steve Hayes at shtherapist@hotmail.com.