

INNER LIGHT MINISTRIES
SPIRITUAL DEVELOPMENT PROGRAM FALL 2009-2010
REGISTRATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Please circle one (cell) (home) (work)

Email _____

I would like to register for the following class(es):

- Honoring Our Mother Earth
- The Fully Resourced Life
- Getting Off the Victim Triangle
- Singing Circle
- Manifest Your Magic

If requesting childcare, please indicate name(s) and age(s) of child(ren):

Enclosed Payment Amount \$ _____

Cash _____ Check# _____ Visa _____ Mastercard _____ AmEx _____

Card # _____

Expiration date _____ Security Code _____

Signature _____

Refund Policy: A full refund will be issued if requested before the class begins. After that, any refunds requested will be prorated based on date of notification of withdrawal. Full refunds will be issued in case of class cancellation.