

CHAKRA INSTITUTE

APPLICATION FORM

Please check program for which you are applying:

- Spiritual Teachers Training (2, 5 years)
- Facial InnerTuning® massage (2,5 years)
- Personal Growth (Non-certificate)

Name: _____ Dates _____

Address: _____

Date of Birth: _____ Gender _____

Phone: _____ Email: _____

1. What is your current occupation? _____
2. Do you hold any professional license(s)? Yes _____ No _____. If yes, please attach copies.
3. Why are you interested in this training?

4. Briefly describe related past experiences If necessary, continue on reverse side

Please mail completed form to Chakra Institute, P.O. Box 34, New Hope, PA 18938.
Alternatively, scan and email to admin@chakra institute.com. You will be notified regarding your acceptance for the program.

Tuition: \$880 for 5 days, \$580 for 3 days (All inclusive: Classes, accommodation, room and board)