



CORELIGHT

Change the World by Changing Yourself

Personal Information

First Name: _____

Last Name: _____

Address: _____

Country: _____

State
/Province: _____

City: _____

Zip Code: _____

Cell Phone: _____

Home or Work Phone: _____

E-mail: _____

Do we have permission to share the *above* information with others in the classes, our email list,
and for community-building purposes? YES NO

Birth Date: _____

Place of Birth: _____

Where Raised: _____

Occupation: _____

Relationship Status (Circle One) Single
 Partnered
 Divorced

Children (Circle One) Yes No

How did you hear about Spiritual Warrior Training?

Education

(List institution, degree, and highest year completed of each.)

High School: _____

College: _____

Graduate: _____

Other: _____

For the description sections below, either fill in the answers in the boxes provided or attach a word document (including section titles) with your answers.

Religious Background

Religion or church in which you were raised (if any):

Metaphysical Background

How long have you been meditating? _____

What type? _____

What is your background in Self-discovery?

Medical and Psychological Background

We ask for the following information because it helps us to gain insight into your background, conditioning, and current well-being. As we work with individuals to unravel the limited, personal self, it is helpful to know about these issues. Please be as truthful and detailed as you can.

Do you have a chronic illness? (Circle One) Yes No

If yes, please describe:

Are you currently taking any medication? (Circle One) Yes No

If yes, please describe:

Have you or any of your immediate family members ever had any of the following experiences or addictions (*Circle all that apply*)

Alcohol abuse, Drug abuse, Sexual abuse, Overeating, Nicotine abuse, Eating disorders, Chronic or severe depression, Considered suicide, Attempted suicide, Hospitalized for psychological reasons, Diagnosed with any kind of psychological disorder, None

If you have answered yes to any of the above, describe each experience in *detail*, including when:

How are these experiences currently affecting your life? What steps have you taken to deal with them?

Are you comfortable enough with technology to download and use the required digital materials?

Photo

Please attach a recent photo (file size of less than 2 mb) of yourself with this registration form.

Additional Information

If you did not have enough space above or would like to provide additional information with your application, you can attach an additional document to be included.

Class Agreements

- I will listen to all of audios and read *The Marriage of Spirit book*.
- I commit to daily meditation, regular journaling and exercise, as well as yoga or stretching.
- I will complete the writing assignment.

Please sign and date here to apply and agree to the above Class Agreements.

Signature: _____

Date: _____

Class Tuition

We will contact you about your tuition payment once we have reviewed your application. The tuition amount is \$395 for the course with all materials included in digital formats. Please allow 2 weeks for a response.

All fields are required, except when: 1) the descriptions of the respective answer is no, and/or 2) an additional information document has been provided.

We thank you for your interest in CoreLight and the Spiritual Warrior Training Course!

If you have printed this form, please return it by email to courses@corelight.org, by fax to 1-505-424-8848 or by mail to CoreLight 223 North Guadalupe Street #275, Santa Fe, NM, 87501.