

Equine Retreat Registration

Your name: _____

Address: _____

Phone number: _____

Email address: _____

Please select the workshop or retreat you are registering for:

- | | | |
|--|--|-------|
| <input type="checkbox"/> Senior Thursday with the herd | Date: _____ | \$40 |
| <input type="checkbox"/> Caregiver daylong retreat | Date: _____ | \$100 |
| <input type="checkbox"/> The Wheel of Life 3-day retreat | Date: _____ | \$320 |
| <input type="checkbox"/> The Shamanic World Tree (4-part series) | Date: <u>June-July 2018</u> | \$460 |
| <input type="checkbox"/> The Shamanic World Tree with horses | Date: <u>June-July 2018</u> | \$780 |
| Do you have shamanic journeying experience? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> I'm registering for the workshop <i>Introduction to Shamanism and Shamanic Journeying</i> | Date: _____ | \$60 |

How do you wish to pay?

- Interac eTransfer to ulrike@kaleidoscopehealing.com, security password: _____
- PayPal (+3%) <https://www.paypal.me/KaleidoscopeHealing>, transaction ID _____
- Cheque to: P.O. Box 555
Hope, BC V0X 1L0

Please return this form to ulrike@kaleidoscopehealing.com or mail it together with your cheque.