

**LIGHTARIAN CLEARING™ ACKNOWLEDGMENT FORM - Page 2**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State and Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax (if any) \_\_\_\_\_  
E-mail address (if any) \_\_\_\_\_

Please list your Lightarian Clearing lineage:  
*Christopher Jelm*

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Student:** Please mail this form to your Teacher

\*\*\*\*\* FOR TEACHER'S USE \*\*\*\*\*

I acknowledge that I have attuned and trained this student for Lightarian Clearing™ as shown above on the date as indicated.

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Address \_\_\_\_\_ / \_\_\_\_\_  
City \_\_\_\_\_  
State and Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax (if any) \_\_\_\_\_  
E-mail address (if any) \_\_\_\_\_

**Teacher:** Mail this form to - Lightarian Institute, P.O. Box 1381, Alpine, CA 91903 USA