

LIGHTARIAN EMPOWERMENT RAY™ 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 Empowerment Ray lineage:
Jeannine Marie Jelm or Christopher Jelm

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

I acknowledge that I have attuned and trained this student for the Lightarian Empowerment Ray™ 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) _____

****Please complete this form and return to your Teacher****