

LIGHTARIAN REIKI™ 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 Reiki lineage:
Jeannine Marie Jelm

Student: Mail this Form to your Teacher.

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

I acknowledge that I have attuned and trained this student for the level of Lightarian Reiki 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