

LIGHTARIAN MANIFESTATION 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 Manifestation Ray lineage:

Jeannine Marie Jelm or 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 the Lightarian Manifestation 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)

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