

Please fill out, sign and return this Form to your Teacher

LIGHTARIAN ACTIVATION RAY™ REGISTRATION FORM

***** Please carefully read Side Two of this Form *****

I accept and align with the GUIDELINES FOR LIGHTARIAN TEACHERS as described on the reverse side of this Registration Form. I acknowledge that I have been attuned and trained for the Lightarian Activation Ray on (date) _____ by _____, a registered Lightarian Teacher, trained by someone in the lineage back to a Teacher directly trained and certified by the Lightarian Institute.

Student's Signature: _____ Date: _____

Student Name (Please print very clearly): _____

Address _____ City _____

State _____ Zip Code _____ Country _____

Telephone _____ Fax (if any) _____

E-mail address, if any (please print very clearly) _____

Please list your Lightarian Activation Ray lineage:

1. Christopher Jelm 5. _____
2. Pae. Isabelle Forster 6. _____
3. _____ 7. _____
4. _____ 8. _____

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

I acknowledge that I have attuned and trained this student as shown above.

Teacher's Signature: _____ Date: _____

Print Name: _____

Fill in below ONLY if this information has changed from what the Institute has on file.

E-mail address _____

Address _____

City/State/Postal Code _____

Country _____ Telephone: _____

Teacher: Please promptly sign and mail, fax or scan-email this form (Side One only) to:
Lightarian Institute, PO Box 4352, Sedona, AZ 86340 USA; Fax: 520/203-0443; Email:
lightarian@sedona.net.com