

Living Well Massage

Hilliard Office

5200 Bigelow Drive, Hilliard, OH 43026

www.ColumbusLivingWellMassage.com

Reiki Master Levels Registration Form

Date: _____ Class: (circle all which apply) Reiki Level 1 2

Name: _____

Name: (how you would like it to appear on your certificate) _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ c / h / w Date of Birth: _____

Email: _____

Best way to contact you: (check all that apply) Call Text Email

If needed, could you provide a Massage Table for class? Yes _____ No _____

Are you comfortable with an Outdoor Class Location? Yes _____ No _____

Payment Method and Cancellation Policy

- Course payments can be made online by debit or credit card.
- Payment in full is due at time of registration. Your place in class will be confirmed when registration form **and** full payment are received.
- Cancellations are accepted until 72 hours before start of class. Student will be refunded their payment minus \$25 for processing. Cancellations that occur less than 72 hours in advance of class will be non-refundable.

Signature: _____ Date: _____

Please email your registration form as a pdf or MS Word doc **NOT Google Doc to Kimberlee at:**

ColsLivingWellMassage@aol.com