

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

**LIGHTARIAN HEALING 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 Healing 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 Healing Ray lineage:

- |                               |          |
|-------------------------------|----------|
| 1. <u>Christopher Jelm</u>    | 5. _____ |
| 2. <u>Rev. Isabelle Faith</u> | 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](mailto:lightarian@sedona.net.com)