



NAME _____

ADDRESS _____

PHONE/EMAIL _____

REIKI PRACTITIONER? Y N LEVEL _____

OTHER ENERGY WORK OR HEALING MODALITY?

ROOMATE REQUESTED _____

VEGETARIAN? Y N

OTHER DIETARY NEEDS? _____

Double Occ./Single occ. _____

AMOUNT ENCLOSED _____

**Make check payable to "Brenda Doetzer" or "Eden Life",
and send to
Eden Life Journeys
P.O. Box 3144
Baltimore, MD 21228**