

EYE OF THE EAGLE CENTER
FOR SHAMANIC HEALING AND STUDIES

FIFTH TWO-YEAR PROGRAM IN SHAMANIC STUDIES
ENROLLMENT FORM

To enroll in The Eye of the Eagle Training Program:

Please print out and complete the form below and attach a two page biography and description of yourself and why you wish to study shamanism.

Please print clearly:

NAME _____

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HOME TELEPHONE _____

WORK TELEPHONE _____

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OCCUPATION _____

EMPLOYER _____

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WORK TELEPHONE _____

AGE/DOB _____

MARITAL STATUS _____

CHILDREN (NAMES AND AGES) _____

BRIEFLY DESCRIBE ANY WORKSHOPS YOU HAVE TAKEN OR EXPERIENCE YOU
HAVE RELATING TO SHAMANISM

\$700.00 DEPOSIT ENCLOSED: _____

PLEASE ATTACH: A TWO-PAGE BIOGRAPHY AND DESCRIPTION OF YOUR DESIRE
TO STUDY SHAMANISM

Mail to:
Eye of the Eagle Center for Shamanic Healing and Studies
122 Chestnut St.
Andover, MA 01810