



# Luminous Epinoia

## Information Form for Spiritual Vision Quest

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Birth date: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_

Relation & phone number: \_\_\_\_\_

Personal intention for this program: \_\_\_\_\_

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Individual attributes you would like to cultivate: \_\_\_\_\_

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List the gifts (personal skills, talents, propensities, tendencies, etc) you feel are your unique contribution to the world, don't be modest, this is your god-self you are describing:

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Resistance to investing in yourself for this program: \_\_\_\_\_

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List any allergies, health problems, food aversions, special food needs, or fears relating to being in nature: \_\_\_\_\_

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Check desired method of payment for tuition (\$7500.):

Trimester payments (Balance due after deposit /3, less \$100 discount per session): \_\_\_\_\_

Monthly payments (Balance due after deposit /18): \_\_\_\_\_

Program start - finish:

September 2012 - March 2014

Deposit:

After notification of acceptance in the program, please submit this form along with a \$500 deposit, which will be applied to tuition, to ensure your space. The deposit is fully refundable until one month prior to start date, after that your deposit is not refundable, but you may choose to have it fully applied to a future program. Make checks payable to Luminous Epinoia and send to 700 Caribou Creek Rd. Sandpoint, ID 83864.

I commit to the 18-month program as stated in the Program Curriculum and Descriptions, pending undue hardships and unforeseen circumstances.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

