Application Form

Name:			
Address:			
City	State	Zip	
Cell Phone	Alternate phone		
Email	Skype Address		
Do you have WatsApp? YES NO			
Birth Date	Gender		
Name as it appears on passport			
Passport number	Expiration date		
Country Passport was issued		_	
Line of work or projects you dedicate	your time to		
Describe your motivation for traveling	with Shaman's Journey		
Describe the intentions / goals which y	ou hope to fulfill on this pil	grimage	

Shaman's Journey

2019 Peru Pilgrimage: June 16 – July 1, 2019

List ALL medications you take, particularly pharmaceuticals (including recent vaccines)		
Describe any mobility issues and physical limitations		
Have you ever been diagnosed with mental illness, psychological conditions, particularly Bipola		
Disorder or Schizophrenia? NO Yes Explain		
Please share anything else you think we should know in order to ensure your safety and the		
Group's wellbeing		
Do you have any special instructions for us in this regard?		
Signature: Date:		

Please scan and e-mail to: <u>born2light@roadrunner.com</u> or mail a signed copy of this application to:

Shaman's Journey 30346 Goodspring Dr. Agoura Hills, CA 91301