2026/27 Sacred Earth Medicine Path
Application Form

Thank you for providing the following information, so that we may plan for and serve your needs during the program. This information is held in strict confidence - *Shaman's Journey*

Full Name:

E-mail:

Address:

Telephone:

Date of Birth: Gender:

Relationship / Parenting Status: Occupation:

Emergency Contact Person: Emergency Contact Phone No.:

How did you find us / hear about us?

Please tell us a little about yourself and your interest in the Sacred Earth Medicine Path:

Please list any shamanic, spiritual, or alternative healing work that you have received:

Please describe any health conditions, hearing, eyesight or physical challenges that might affect your participation in classroom sessions or exercises such as stretching, breath work, sitting meditation, kneeling or bending:

Please submit to:
Shaman's Journey 30346 Goodspring Dr. Agoura Hills, CA 91301
shamansjourney@protonmail.com www.shamansjourney.net

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Please list medications that you currently take:

Please describe any psychological or psychiatric therapy received in last two years:

The Sacred Earth Medicine Path consists of four workshops. Can you commit to participating in all four workshops? ❒ Yes ❒ No

Please Choose a Payment Option for Tuition and Meals :

❒ Pay in Full ❒ Pay Per Workshop ❒ Monthly Payments ❒ Work Study ❒ Graduate

Please list any food allergies or preferences:

Participant Acknowledgement: **I am fully responsible for my own health and well-being while participating in the Sacred Earth Medicine Path program. I understand that I have the right to decline to participate in exercises that I think may be harmful to my well-being at any time. I agree to immediately report any distress or injuries to the lead teacher.**

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Signature

Please submit to:
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