

**LightSong School of Shamanic Studies
Class Registration Form**

Please fill out this form and mail to the address below with your check

Name: _____

Address: _____

City/State/Zip _____

Contact Phone: _____

E-mail: _____

Name of Class: _____

How did you hear about this Class? _____

Please make check out to LightSong School of Shamanic Studies and send with
this application to the address below.

Jan Engels-Smith -
LightSong Healing Center
832 SW Wilson, Ct.
Gresham, Or. 97080

If you have any question please contact me at Jan@Janengelssmith.com.

Thank you for your registration,

Jan Engels-Smith