

# Wandering Spirit Beads

Star Dancing Enchantments, P.O. Box 618, Port Orchard, WA 98366-0618, www.stardancing.net

## Workshop Registration Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: Street: \_\_\_\_\_ Apt # or PO Box \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Message Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Best time to call: \_\_\_\_\_

Email Address (optional) \_\_\_\_\_

*(Your information and your guests' information will never be shared, given, sold, etc., to anyone without your written permission.)*

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Are you registering for a scheduled workshop? YES or NO (circle one) If YES, enter course code: \_\_\_\_\_

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If you'd like to request a new workshop please complete the following:

Requested date for workshop: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ AM or PM (circle one)  
(Month/Day/Year)

Alternate date for workshop: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ AM or PM (circle one)  
(Month/Day/Year)

If no preference on date, which day of the week works best for your schedule (check all that apply):

Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_ Saturday \_\_\_\_

If no preference on time, which timeslot works best for your schedule (check all that apply):

Morning (10am-12pm) \_\_\_\_ Afternoon (1pm-3pm) \_\_\_\_ Afternoon (4pm-6pm) \_\_\_\_ Evening (7pm-9pm) \_\_\_\_

Will others be joining you if this workshop is scheduled? YES or NO (circle one) If YES, how many: \_\_\_\_\_

List the contact information on the next page for the other people who will be attending (confirmed participants only).

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Desired intention for meditation tool: \_\_\_\_\_  
(Career, Health, Prosperity, Spiritual Growth, Religious Prayer, Relationships, Psychic Ability, etc.)

Favorite semi-precious gemstone(s): \_\_\_\_\_  
(May or may not be incorporated into your tool based on your intended goals).

Metal preference (check one): Sterling Silver \_\_\_\_ Silver-toned \_\_\_\_ Pewter \_\_\_\_ Gold-toned \_\_\_\_ No Metal \_\_\_\_

Other preferences (wood, seed, crystal, glass, etc.): \_\_\_\_\_

Spiritual preference (used only for course material preparation): \_\_\_\_\_  
(Meditation only, Christian, Buddhist, Pagan, etc.)

List anything specific to your needs here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Confirmation (WSB only): RSVP \_\_\_\_ Goals/Preferences \_\_\_\_ Kit Prepared \_\_\_\_ Pymt: Deposit \_\_\_\_ Balance \_\_\_\_ In Full \_\_\_\_

Additional participants for workshop requested by \_\_\_\_\_:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: Street: \_\_\_\_\_ Apt # or PO Box \_\_\_\_\_

**1**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Message Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Best time to call: \_\_\_\_\_

Email Address (optional) \_\_\_\_\_

*To be completed by WSB only:*

Recommended by requestor \_\_\_\_ Requested attendance at requestor's workshop \_\_\_\_ Requested different workshop \_\_\_\_

Confirmation: RSVP \_\_\_\_ Goals/Preferences \_\_\_\_ Kit Prepared \_\_\_\_ PAYMENT: Deposit \_\_\_\_ Balance \_\_\_\_ In Full \_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: Street: \_\_\_\_\_ Apt # or PO Box \_\_\_\_\_

**2**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Message Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Best time to call: \_\_\_\_\_

Email Address (optional) \_\_\_\_\_

*To be completed by WSB only:*

Recommended by requestor \_\_\_\_ Requested attendance at requestor's workshop \_\_\_\_ Requested different workshop \_\_\_\_

Confirmation: RSVP \_\_\_\_ Goals/Preferences \_\_\_\_ Kit Prepared \_\_\_\_ PAYMENT: Deposit \_\_\_\_ Balance \_\_\_\_ In Full \_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: Street: \_\_\_\_\_ Apt # or PO Box \_\_\_\_\_

**3**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Message Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Best time to call: \_\_\_\_\_

Email Address (optional) \_\_\_\_\_

*To be completed by WSB only:*

Recommended by requestor \_\_\_\_ Requested attendance at requestor's workshop \_\_\_\_ Requested different workshop \_\_\_\_

Confirmation: RSVP \_\_\_\_ Goals/Preferences \_\_\_\_ Kit Prepared \_\_\_\_ PAYMENT: Deposit \_\_\_\_ Balance \_\_\_\_ In Full \_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: Street: \_\_\_\_\_ Apt # or PO Box \_\_\_\_\_

**4**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Message Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Best time to call: \_\_\_\_\_

Email Address (optional) \_\_\_\_\_

*To be completed by WSB only:*

Recommended by requestor \_\_\_\_ Requested attendance at requestor's workshop \_\_\_\_ Requested different workshop \_\_\_\_

Confirmation: RSVP \_\_\_\_ Goals/Preferences \_\_\_\_ Kit Prepared \_\_\_\_ PAYMENT: Deposit \_\_\_\_ Balance \_\_\_\_ In Full \_\_\_\_

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