



Sacred Wind Sanctuary Workshop Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

Workshop Information

Please check the workshop information that applies from the following: (you may check multiple)

- Lecture/Discussion
- Interactive
- Ritual based
- Craft Oriented
- Music Related/Based

Background

Please list any relevant background information. (ie: previous workshops, years in the craft, any special certifications etc..)

Questionnaire

What topic are you interested in giving workshop on? (if multiple please list them all)

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If your workshop is geared towards children please explain the age range you are targeting.

How long will the workshop be? (max workshop time is 1 hour)

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a presenter, any false statements, omissions, or other misrepresentations made by me on this application are grounds for dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.