

**Registration Form**  
**Full Spectrum Teachers Intensive Workshop**  
**Divine Intervention Dome – Hot Springs AR 71901**

Birthdate: \_\_\_\_\_

Name to be printed on Certificates: \_\_\_\_\_

Prefer to be Called: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State and Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

(Further workshop information will be disseminated via e-mail. If you prefer to be contacted by alternate method, please specify here): \_\_\_\_\_

**What is your motivation for attending this workshop?**

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**What are your personal goals on completion of this workshop?**

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**What other Healing or Metaphysical classes have you take in the past?**

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**What if any Lineage classes are you certified to teach?**

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**What Non-Lineage classes are you certified to teach?**

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**Do you have any food ALLERGIES?**

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**What are your food preferences?**

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**What foods do you not eat?**

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**Do you have any Medical Conditions or Allergies that we should be aware of?**

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**Are there any Sleep Habit Concerns (Please let us know if you snore)?**

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**What are your shirt and hat sizes?**

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**Please send your registration and payment to the following**

**Church of Divine Intervention**

**2818 Park Avenue**

**Hot Springs, AR 71901**

**Please make all checks payable to CDI. To Pay by credit card please contact our offices at 501-609-0660 or via email at [info@starrfuentes.com](mailto:info@starrfuentes.com). Thank You!**