



**The Flying Cat**

Gallery & Healing Arts Studio

**Shamanic Journey**

Name \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ e-mail address \_\_\_\_\_

Occupation \_\_\_\_\_ Referred By \_\_\_\_\_

Do you have experience with the following? *Circle please*

Meditation / yoga / journey work / other \_\_\_\_\_

Are you currently practicing, if not when were you practicing \_\_\_\_\_

**What do you hope to get from this experience?**

<input type="checkbox"/> Clarity around a specific issue	<input type="checkbox"/> Astral Travel
<input type="checkbox"/> Clarity in general	<input type="checkbox"/> Releasing old energies
<input type="checkbox"/> Receive Healing	<input type="checkbox"/> Manifesting new energies
<input type="checkbox"/> Connection with my guides	<input type="checkbox"/> Self-Care
<input type="checkbox"/> Connection with my ancestors	<input type="checkbox"/> Fun
<input type="checkbox"/> Connection with my inner child	<input type="checkbox"/> Other, please list or elaborate below

*(Con't on Back)*

This form is designed to assist Julia in developing effective and interactive communication with you. The intent is to allow you an opportunity to become a partner in your journey process. The service provided here at the The Flying Cat is sacred and important.

\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ (Client Signature)

Thank you for being here today!