

REIKI CLASS REGISTRATION FORM

Please complete the following information and return this form to:

**Margaret Self, Reiki Master
Carolina Reiki Institute, Inc.
112 Wexwood Ct.
Columbia, SC 29210**

Please attach your check made payable to Carolina Reiki Institute, Inc. to this form and mail to the address above.

All class sizes will be limited in order to provide maximum benefit to the attendees, so please register early.

Refund Policy: No refunds will be made on “no shows”. Fees may be applied to future class if registrant gives 24 hours notice. If class is canceled by Carolina Reiki Institute, Inc., full refund will be made.

Name: _____
(please print)

Address: _____

Phone #: (h) _____ **(w)** _____

e-mail: _____

Name of class: _____

Date of class: _____

Fee attached: \$ _____

For further information, call (803) 551-1191 or e-mail
MSelf@CarolinaReikiInstitute.com