



**Enlightenment Intensives
by Kurt Treftz & Karen Lynn**

Registration Form

Please complete the following & return along with a \$100 deposit to the address below.

Your Name: _____

Gender (sleeping will be segregated): M / F

Home Phone: _____ Cell Phone: _____

Home Address: _____

Email Address: _____

Emergency Contact (Name and phone(s)): _____

Your history attending enlightenment intensives (briefly): _____

Other workshop or religious background of yours that may be helpful?

Any special health or diet concerns? _____

Any medicines that must be taken at certain times in day? (**Note:** does not apply if you only take medicine at morning or night and you can easily self-administer)

Any medications do you take that may impede your mental/emotional state?

We are very much looking forward to seeing you at the intensive and are committed to doing everything we can to make sure the intensive serves you.

~Karen and Kurt

Check for \$100.00 enclosed.

Please mail your completed form and \$100 deposit check to:

Karen Lynn & Kurt Treftz
PO Box 1186
La Conner, WA 98257