APPLICATION FOR ASSISTING SACRED CENTERS COURSES

Please write clearly

Signature

Mail finishe	d application to:		
Sacred Cen 180 Monteg Novato, CA	go Key		
Name:			
Address:			
	City	State	Zip
Email:			
Phone(s):			
,	(Cell)	(Home)	(Work)
·	nd <u>way</u> to contact y	ou:	
Age: Class(es) vo		assisting:	
	ga practice? ed Centers courses l	nave you taken and where?	
Are you en	rolled in the Certific	cation program? If so, please	list date of acceptance.
(This is not	a requirement, but	preference will be given to en	rollees).
		e that would make you a goodabout you?	
		·	

Date