

Energy Alchemy Mastery APPLICATION

Please accept my APPLICATION for the exclusive 12 month Apprenticeship with Kumari.

Please List Your Full Contact Information.		
Today's Date:		
Name:		
Name of Business:		
	E-Mail:	
Website:		

* **Please print clearly**. Applications that are unclear and/or illegible may miss out on this opportunity.

Application for Energy Alchemy Mastery 1. Please describe your energy healing experience as it is at this moment (including personal, spiritual or business, length of time studying/practicing energy healing, and your successes.)				
2. If you are accepted into achieve in the next 12 mg		Mastery, what are your 3	top goals you want to	
3 What are the 3 challen	iges you would like to	overcome to achieve a qu	ıantıım lean?	
4. What is your main Ene	ergy Alchemy Mastery	Goal for this year?		
6. Please rate on a scale	of 1 to 10 (10 being t	he highest) your satisfacti	on level in these 8 areas?	
a. Businessc. Financiale. Health / Fitnessg. Spiritual	1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 10	d. Family Life f. Personal Time	1 2 3 4 5 6 7 8 9 10	
7. How open, willing and	ready are you to inve	est in yourself right now ar	nd go for your dreams?	
8. Is there anything else Mastery?	you'd like me to know	in considering your appli	cation for Energy Alchem	

APPLICATION: Energy Alchemy Mastery

Please choose your Preferred Payment Option

Option 1	Option 2	
() Invest in full for \$11,997 SAVE \$1,000! BEST Deal	via a \$ Then 11 eq of \$950. Tota * Note: Deposit i	cure Your Spot 51,999 deposit qual monthly payments al Investment is \$12.500. s non-refundable and balance in full before the final retreat
Please Choose Your Investment If more than one card is listed, we'll divide the		-
Card 1 \square MC \square Visa \square Amex \square	Disc	
Name (as it appears on card)		Phone:
Card Number	Exp	Sec. Code
Billing Address		
City / State / Zip Code		
Card 2 □ MC □ Visa □ Amex □	Disc	
Name as it appears on card		
Card Number	Exp	Sec. Code
Billing Address		
City / State / Zip Code		
Card 3 □ MC □ Visa □ Amex □		
Name as it appears on card		
Card Number		
Billing Address		
City / State / Zip Code		

Energy Alchemy Mastery

Program Participation Agreement

This agreement is effective as of the date mentioned below by and between Kumari Healing Inc. (hereinafter known as "Company") and you, (hereinafter know as the "Client"). Client desires to participate in the Program, which includes, but is not limited to training calls, educational events, private coaching calls and more. If Company approves your Application and accepts your offer to participate in Energy Alchemy Mastery, then this Agreement automatically becomes a binding contract between you and the Company and applies to your participation in the Program.

This is an agreement for the provision of Professional Mentoring services. As indicated on the Mystic Mastery Application. Client agrees to comply with payment option they signed up for and authorize Company to charge the amount to the above mentioned credit card(s). Client further agrees to be bound by this six (6) month, non-cancelable commitment and further agrees to:

* Abide by the Program as described in the Energy Alchemy Mastery Program Participation Agreement. By completing and signing the Application and providing your credit card information, Client hereby acknowledges the Client has read, understands, and agrees to be bound by the terms and conditions stated herein.

Authorization of Payment. By completing the Application and signing below Client authorizes Company to charge your credit card or cash your check as payment for the Program, if the Company approves your Application and accepts you into the Program.

Furthermore, you understand and agree that by completing and signing this Agreement that you are committing to a full twelve (12) month period in the Energy Alchemy Master Program whether you actually attend or complete the Program, and regardless whether you have selected a lump sum or monthly payment plan. By signing this Agreement, you further understand and agree that, if for any reason, you choose to remove or cancel yourself out of the program prior to the end of the six (6) month period program, you are obligated to pay or continue to pay any outstanding balance(s) for the entire six (6) month period from the date printed on the signed enrollment form for the investment option that I selected. You understand this is a sixmonth non-cancelable commitment and that all legal expenses incurred in the collection of unpaid invoices, including filing and attorney fees, are the responsibility of the Client.

Termination for Unprofessionalism: Company is committed to providing all Program Participants with a positive Program experience. By singing below, you agree that Company has the sole discretion to terminate agreement and remove any participant from continuing in the program at any time without a refund if the Client is disrupting the program or is or becomes difficult to work with or ceases to follow any of the mentoring program guidelines.

By signing below you agree that if you miss any scheduled mentoring calls you lose that call and cannot reschedule it. Client understands that any/all scheduled mentoring calls, live events and other benefits expire at the end of the Commitment period and will not be carried over. It is important to note that your benefits MUST be used during the Commitment Period.

Financial Responsibility: Company has made every effort to accurately represent the Program and its potential. Results do vary; therefore the Company makes no guarantees. The testimonials and examples used are not intended to represent or guarantee that anyone will achieve the same or similar results. Each individual's success depends on many factors, including and not limited to his or her background, dedication and starting point in their practice, desire and motivation. By signing below you also acknowledge that you have represented to the Company the payment of your Program membership fees will not place significant financial burden on you or your family.

Assignment: Neither party shall assign this Agreement without written consent of the other.

Disclaimer: You have been made aware that the relationship with the Mentor and the practice of Mentoring is in no way to be constructed as counseling in Psychological, Medical, Legal or any type of Therapy. In the event the Client feels the need for any of the above, it is the responsibility of the Client to seek such professional(s) and as Client deems necessary.

Confidentiality: Company respects your privacy and must insist that you respect the privacy of the fellow Program participants. By signing below you agree to not violate the publicity or privacy rights of any Program Participants. We respect your confidential and proprietary information, ideas, plans and trade secrets and must insist that you respect the same right of fellow Program participants and of the Company. I agree to not disclose to others the exercises and/or specialized knowledge that is taught by Kumari Mullin without consent.

As written, this Agreement constitutes the entire agreement. You hereby acknowledge that you have been advised to seek counsel concerning this contract prior to signing. No further promises of any kind, either written or verbal, have been made. Any modification of any portion of this agreement must be made in writing and signed by both parties.

Name:	Date:
Signature:	

Thank you for your application and offer to enter into this agreement. We will personally review it and we will contact you within in 5 business days via e-mail or phone to let you know if you are approved and your offer accepted. If you are approved, your investment option will be processed. If you are not approved into the program of your choice, you credit card will not be charged.