

# Illumined Ways™ New Earth Mystery School

Founder, Sharon Fallon Shreve

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## Registration Form for: The Priestess Process™

**Please fill out registration & astrology forms and return both along with your \$50. non-refundable deposit to: Illumined Ways, 8015 Seven Hills Ct., Clifton, VA 20124**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

In case of Emergency please notify: \_\_\_\_\_

Phones: \_\_\_\_\_ Relationship: \_\_\_\_\_

Referred by: \_\_\_\_\_

**DISCLAIMER & RELEASE:** The undersigned hereby acknowledges that the above described Course is for personal growth and not intended for medical, psychological or mental treatment. Registrant also acknowledges that no implied or expressed warranties have been made as to the results of the session(s) contained within said Course and that these activities could possibly cause injuries. Registrant chooses to participate, or not, of his/her own free will and risk; and **hereby agrees to accept full and complete liability and to hold the facilitator and Illumined Ways™, its agents and contractors, harmless from any and all liability resulting from or arising out of all such activities, including activities on their breaks.** Moreover, Registrant hereby specifically represents that they are under no medical, mental or other disability which would impair their ability to participate, comprehend, or healthily utilize the exercises, content or material in the above referenced Course. Registrant waives any and all rights of action against facilitator and **Illumined Ways™** -- its employees, agents and contractors-- associated in any way with said Course..

**I HAVE READ, UNDERSTAND AND DO FREELY AND VOLUNTARILY ACCEPT, BY MY SIGNATURE BELOW, THE DISCLAIMER AND AGREE TO THE ABOVE RELEASE & WAIVER.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **Illumined Ways™ New Earth Mystery School**

## **Shamanic Astrology**

During the course of **The Priest~ess Process™** you will be working with personal aspects of your Natal chart. Please fill in the following information about your birth as accurately as possible. *Note: This information will be shared only within your Circle of Initiates.*

Present name: \_\_\_\_\_

Full name at birth: \_\_\_\_\_

Day/Month/Year of birth: \_\_\_\_\_

Exact time of birth  
(include a.m. or p.m.): \_\_\_\_\_

Location of birth:  
(city/state/country) \_\_\_\_\_