

Registration Form

Shamanic Programs

Please return the completed form with payment to:
Marge Hulburt, 1077 Aaron Ct., Missoula, MT 59804

Please make checks payable to Blue Eagle Woman, LLC

Name: _____

Address: _____

Phone: _____ Email: _____

Program Name:

Fee:

_____	_____
_____	_____
_____	_____
_____	_____

Payment Amount _____

Add-on for one-on-one work*

Sessions: _____

Amount Enclosed: _____

***Add-on for one-on-one work.** Supplement the group program with personal one-on-one healing or processing of the work. Enter description and fee for the package or number of sessions you would like.

If you prefer, you may put this information into an email to me and pay in person or by mail.

If you have any questions or need additional information, please feel free to contact me at mhulburt@gmail.com or 241-7260 and leave a message.

Thank you!
Marge