



APPLICATION for DHARMI® Method Facilitator Training

First and Last Name \_\_\_\_\_

D.o.B (min. 24 years old) \_\_\_\_\_

Location \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

Are you applying for

- DHARMI® Method Facilitator Training YES/NO

- Vortex of Energy Meditation Facilitator Training YES/NO

Place and Date of completion of your Dharmic Immersion

DHARMI METHOD - 7 MAPS GPS FOR YOUR LIFE

PI, include a copy of certificate of completion

Location \_\_\_\_\_ Date \_\_/\_\_/\_\_\_\_ Name of Facilitator \_\_\_\_\_

VORTEX OF ENERGY MEDITATION

PI, include a copy of certificate of completion

Location \_\_\_\_\_ Date \_\_/\_\_/\_\_\_\_ Name of Facilitator \_\_\_\_\_

What is your main intention to become a facilitator?

When do you want to begin?

Welcome, Bienvenido/Bienvenida, Bienvenu/Bienvenue :)