



Shanti Mission

## MYSTERY SCHOOL APPLICATION

Insert Photo
Date:
Birth Name:
Spiritual Name:
Address:
Date of birth:
Telephone
Email Address:
Please tick the Path of Ease & Grace Seminars you have completed: Ignite Your Spirit 1 <input type="checkbox"/> Teacher:..... Date: Ignite Your Spirit 2 <input type="checkbox"/> Teacher:..... Date: Yoga of The Mind <input type="checkbox"/> Teacher:..... Date: Empowering Relationships 1 <input type="checkbox"/> Teacher:..... Date: Empowering Relationships 2 <input type="checkbox"/> Teacher:..... Date: Dimensions of Wealth 1 <input type="checkbox"/> Teacher:..... Date: Dimensions of Wealth 2 <input type="checkbox"/> Teacher:..... Date: Spiritual Mastery 1 <input type="checkbox"/> Teacher:..... Date: Spiritual Mastery 2 <input type="checkbox"/> Teacher:..... Date:



Shanti Mission

## MYSTERY SCHOOL APPLICATION

Are you a Friend of Shanti Mission? Y / N
Are you meditating regularly? Y / N
What form of meditation are you doing and how often?
Have you ever suffered a mental disorder or disease? For example, depression, anxiety, or other illness for which you needed to seek medical assistance? (This is confidential information)
Are you stressed? Are you going through any major changes or stresses at the present time or recently? Is your work and home life nourishing for you?
Are you ready to practice the 8 pillars of Shanti Mission? Y / N

45 Kings Rd, Cooranbong NSW 2265  
Phone (02) 4977 3300  
Email: [info@shantimission.org](mailto:info@shantimission.org)  
Website: [www.shantimission.org](http://www.shantimission.org)