

TRANSFORMATIONS

Mentoring Program for Professional Breathwork: Mentoring in Therapeutic Breathwork Levels 1-3 APPLICATION FORM

Name_____ Date_____

City and country of residence_____

email:_____ Phone_____

Age_____ Gender and Pronouns_____

Briefly Describe your experience with breathwork and other healing arts:

Goals for mentoring:

Preference for times per month and number of months for mentoring sessions:

When you would like to start Mentoring Program:

Name or background or mentor you would like:

Return to Therapeutic Breathwork Training Program Jim Morningstar, Director
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