

TRANSFORMATIONS

SCHOOL OF INTEGRATIVE PSYCHOLOGY
Community Mentoring Program
STUDENT REGISTRATION FORM

Name_____ Date_____

City and country of residence_____

email:_____ Phone_____

Age_____ Gender and Pronouns_____

Briefly Describe your experience with the SIP, breathwork and/or other holistic studies:

Goals for mentoring:

SIP courses in which you want to be mentored (in order of preference):

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

When you would like to start Mentoring Program:

Name of mentor(s) you would like:

- All mentoring fees are negotiated with and paid directly to mentor.
- The course you are being mentored in must be purchased online from Transformations before beginning the course.
- You will be contacted by a prospective mentor when one volunteers.
- **RETURN TO:**

Jim Morningstar, Director: jim@transformationsusa.com