

APPLICATION FORM

Soul Adventure ICELAND 2018 Shamanic Pilgrimage to Iceland
Organizer: Desiree Albert with Souls Healing Path
201 St. Lawrence Ave, Oromocto NB E2V 1T3 Canada • 506.292.3521 •
Desiree@soulshealingpath.com

Name: _____

Address: _____

Email: _____

Contact phone Number: _____

- 1) Can you say a little of what is calling you to come on this pilgrimage?

- 2) Do you have a spiritual practice? Can you share a little about that?

- 3) Have you taken part in any kind of shamanic classes, workshops, or retreats before and if so what kind?

- 4) Are you willing to share your (shared) accommodations with the opposite sex?

- 5) Are you willing to work out any differences that might happen between you and any others on the pilgrimage?

- 6) Do you have any medical concerns or taking any medications that could affect your participation in activities?

- 7) Do you have any dietary restrictions that we need to be aware of? We will make every effort to accommodate you. Please understand that the foods you are accustomed to, may or may not be available.

- 8) Any other comments to share or things you feel we should be aware of so we are best able to support your over-all wellbeing while on the pilgrimage?