

New Arhatic
Prep Students
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MCKS Arhatic Yoga Preparatory Level
October 31 - November 1, 2026 at The Center for Pranic Healing & Wellness Center
206 B Center Street , Gulf Breeze, FL 32561

PLEASE PRINT

Name: Mr./Ms./Mrs.		<input type="checkbox"/> M	<input type="checkbox"/> F	Birth Date:
Address:		City:	State:	Zip Code:
Telephone (Home):		Cell:	E-Mail:	
Basic Pranic Healing date:		Location:	Instructor:	
Advanced Pranic Healing date:		Location:	Instructor:	
Pranic Psychotherapy date:		Location:	Instructor:	

CONFIDENTIAL STUDENT DATA (PLEASE ANSWER ALL QUESTIONS)

1) Do you smoke?	<input type="checkbox"/> Yes	<input type="checkbox"/> Rarely	<input type="checkbox"/> No
2) Do you take drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> Rarely	<input type="checkbox"/> No
3) Do you drink alcoholic beverages?	<input type="checkbox"/> Yes	<input type="checkbox"/> Rarely	<input type="checkbox"/> No
4) What is your diet?	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Non-Vegetarian	
5) Have you been diagnosed or had history of contagious diseases or other illnesses?	<input type="checkbox"/> Yes	<input type="checkbox"/> Suspect	<input type="checkbox"/> No

If yes, please explain _____

6) Do you have history or present serious physical or psychological disorders? Yes Undiagnosed No
If yes, please explain _____

Arhatic Yoga Preparatory Level Information	Early Bird By 02/10/24	Reg Price After 02/10/24
Arhatic Prep November 2-3, Sat and Sun 9am to 6pm	<input type="checkbox"/> \$725	<input type="checkbox"/> \$795

WAIVER: I promise that I will not give, teach, or divulge the techniques and teachings derived from the workshops to anyone without the Institute for Inner Studies' written approval. I promise not to misuse the knowledge that I derived from the workshops. I also acknowledge that the courses developed by Master Choa Kok Sui are copyrighted and are not to be reproduced in any way without written approval.

SIGNATURE: _____ **DATE:** _____
(Please use the Fill & Sign button on Adobe Acrobat to sign this form)

PAYMENT DETAILS Please make checks or money orders payable to: CENTER FOR PRANIC HEALING, INC.				
Cash Amount:		Check Amount:		Check #:
MasterCard #:		Visa #:		Amex #:
Credit Card #:				
Name:		Signature:		
(As it appears on your credit card)		(For credit card payments only)		
(Please use the Fill & Sign button on Adobe Acrobat to sign this form)				