

Feminine Power Breakthrough Weekend Registration

Name: _____

Address: _____

City: _____ *State:* _____ *Zip:* _____

Phone: _____ *Email:* _____

Occupation: _____ *Date of Birth:* _____

Marital Status: _____ *Spouse's Name:* _____

No. of Children: _____ *Names/ages of Children:* _____

Preferred Language: _____

Emergency Contact Person & Phone: _____

Overall Health: _____

Reflection Questions

The questions are designed to be get you thinking in a way that will prepare you for the Program. Take some time to reflect on the questions and answer them the best you can.

What is drawing you to join us? Anything in particular you are hoping to discover, learn, create or achieve?

What is it you most want to shift in your life right now?

What are the biggest challenges that have been affecting your life?

List 5 qualities you appreciate most about yourself and 5 things you struggle with.

Please give a summary of your experience in women's circles /groups, self-development or other similar offerings you have attended in the past.

*The group activities may include some physical activity (some meditations, exercises and dancing).
Please let us know if this will present any difficulty for you.*

Is there any other background information that would be relevant for me to know? e.g. work, health or relationships, etc.

*Thank you for taking the time to complete this questionnaire!
Any questions let me know. xo, Dr. Monika*