



READER / HEALER PARTICIPANT FORM

Name: _____

Type of Reading/Healing: _____

Please attach a BIO and photo for the Directory.

Your description as you would like it to appear on the Directory: _____

Special Needs: _____

Address: _____

Cell: _____ Email: _____

Times Available: Saturday & Sunday Saturday Only Sunday Only

WiFi Complimentary. Electricity Required: _____ Hotel Event Rate-See front page for info

I agree to contribute 20% of the total earnings from the BHMBS Experience to BHMBS.

I acknowledge that I am fully responsible for my belongings and am healthy and capable to participate.

Concession will be provided onsite – NO OUTSIDE FOOD OR BEVERAGE ALLOWED

Name of Participant

BHMBS Committee Member

Signature of Participant

Signature of BHMBS Committee Member

Our intention is to provide an environment where everyone is welcome to come explore themselves a little deeper, experiencing a variety of life-enhancing methods to awaken the Spirit within, allowing each of us to indulge in and celebrate life more fully.