

My Sacred Feathers
Client Registration Form

1. Full Name: _____

2. Home Address: _____

3. E-Mail: _____

Please check this box if you **do not** wish to receive our monthly news
That includes tips, classes, and workshop notification.

4. Home Phone: _____ Cell Phone: _____

5. Permission to call and leave a message:

Home Phone Cell Phone Other _____

6. Date of birth: _____

7. Gender: Male Female

8. Emergency Contact/Phone Number: _____

9. Who may we thank for referring you? _____