



MY THIRD EYE

MENTORSHIP PROGRAM – please email to mythirdeye@live.com

NAME: _____

ADDRESS: _____

CITY / PROVINCE / POSTAL CODE: _____

CELL & EMAIL: _____

HOW MANY YEARS OF PRACTICE & WHAT STYLES: _____

HOW MANY TIMES PER WEEK DO YOU PRACTICE? _____

PLEASE DESCRIBE YOUR HOME PRACTICE: _____

HOW MANY HOURS PER WEEK CAN YOU COMMIT? _____

HOW MANY HOME PRACTICES PER WEEK CAN YOU HANDLE? _____

ANY INJURIES I SHOULD BE AWARE OF? _____

DO YOU DO OTHER ACTIVITIES? _____

WHAT ARE YOUR GOALS FOR THE PROGRAM? _____
