



Dr Sonia Jenkinson

** Doctor of Metaphysical Sciences **

** Spiritual Alchemist **

** Reiki Master * Teacher **

** Crystal Therapist * Spiritual Artist * Kinesiologist **

** Feng Shui Specialist * Numerologist * Intuitive Oracle **

**** Starflower's Crystal Wisdom ****

**** ACADEMY OF SPIRITUAL ALCHEMY ****

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Name: _____ Date: _____

Address: _____

Post Code: _____ Date of Birth: _____

Email: _____

Newsletter: Subscribe Yes / No

Occupation: _____

Mobile Phone: _____

I, _____, hereby request the services of Sonia Jenkinson for the purpose of assisting me to access my own inner resources of Divine Source Energy, so that I may embody Divine Love, Sovereignty, and the full expression of my Divine Design.

I agree to the terms and conditions as stated in the Starflower's Crystal Wisdom Spiritual Alchemy House Rules & Code of Conduct.

I agree to the terms and conditions as stated in the Starflower's Crystal Wisdom Payment and Refund Policy and Resolution Policy.

Signature of client or of parent/guardian/family member present
(please state relationship) signing on client's behalf