

Oneness Quest

Course Application

Name: _____

Male Last First Middle Initial "Nickname"
Female Date of Birth ____/____/____

Address: _____

City State Zip Code
Home Phone (_____) _____ Work Phone (_____) _____

Email _____ Cell Phone (_____) _____

How did you hear about us? _____

Programs Available

√ place a check mark by each event you wish to attend
(call to discuss the Mentoring program)

The Vision Quest

100 Person Vision Quest

Protector Course

Seven Levels of Quest

Private Counseling

One-On-One Mentor Program

Personal Intensive

Sacred Heart of Darkness

Small Group Intensive - Fear

Small Group Intensive - Sanctuary

The Training

Lighten Up: A Healing Retreat

2-Week Retreat

Women's Retreat

Your Wild Creative Soul

Compass of the Heart

Conscious Union

Location: _____

Date: _____

***Note on the donation for the Vision Quest. It is run on a suggested donation basis only to help cover the many logistical costs of running this program, so that we can continue to offer it (land rental, food and supplies, insurance, travel expenses, and staff). More importantly, the donation reflects your commitment and respect for this ancient practice, and for the people who will guide and protect you.

Your application will not be considered complete unless we receive all of the following:
Please mail this application (with deposit, letter, [medical form](#), and a recent photo) to
Oneness Quest P.O. Box 926, Fairfield, IA 52556

Cancellation Policy:

If you cancel your reservation in a program you have applied for at least 2 weeks before the start of the class, of the \$300 nonrefundable deposit, Oneness Quest allows \$150 to be transferred (one time only) to any other Oneness Quest program within 12 months of the original class application. If you do not notify Oneness Quest of your cancellation at least two weeks before the start of the class, none of the deposit is transferable.