

Blue Ridge Vision Quests Course Application

Name: _____

Gender: _____ Date of Birth: _____/_____/_____

Address: _____

Home Phone: _____ Cell Phone: _____

Email _____

Programs

Indicate the program you wish to attend.

The Vision Quest _____

Seven Levels of Quest _____

Introductory Philosophy _____

Location: _____

Date: _____

*Please submit this application with your donation,, medical form and recent photo to the following:

Hans Hermanson
273 Mayo Dr.
St. George, VA 22935

For more information contact me by email at: hhermanson@blueridgeschool.com

Emergency Contact

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email _____

Signature _____

Date: _____

*Current BRS students can disregard this.

Blue Ridge Vision Quests

Course Application

Letter of Introduction and Intent:

The Quest Protectors or teacher(s) need to have the opportunity to know who you are before showing up for the program. Please write an introduction and why you are wanting to participate in this program.