



## Center for Sacred Studies

PO Box 2904 • Guerneville, CA 95446

707-604-7362

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### Stargate Mystery School Application 2020

**We are so excited you are taking this next step in opening the doorway to your heart. Journey deep within to connect with your authentic self through an eclectic array of teachings.**

This study group is thought of as a personal growth experience and not as psychotherapy. It can bring dramatic experiences, which can be accompanied by strong emotional and physical release. Therefore, this group is not appropriate for pregnant women or for people with heart-circulation disturbances, very high blood pressure, severe mental illnesses, acute infectious diseases or people that have just recently had surgery or fractures. If you are uncertain if you can participate, please speak with us.

As you prepare yourself to go into self-discovery, it is important to understand that old wounds or repressed energies may surface that will need attention. On the Delphi oracle it says, "To know thyself is to know God and the universe." In this study, you will begin to explore the levels of yourself —the physical, emotional, mental and spiritual. This Application is an opportunity to explore where you are in these developmental stages.

The Stargate Mystery School of the Center for Sacred Studies considers all applicants equally. All information you provide is kept confidential. Please answer questions completely; honest answers do not preclude participation.

Please email to [css.stargate@gmail.com](mailto:css.stargate@gmail.com) or send this application to the address above, with a check or money order in the amount of \$45 payable to: *Center for Sacred Studies*. Or click here pay online at our secure site: [Pay by Paypal](#)  
(if opening above link on a Mac you may need to copy/paste link into an open browser window)

**Please note: We will process your application when we have received your application fee.** Center for Sacred Studies, PO Box 2904, Guerneville, CA 95446

*Please type or print clearly using ink. Attach additional sheets as necessary.*

Name (Last, First, MI) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

How did you learn about the Stargate Mystery School?

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**Please answer the following:**

1. Please describe why you are interested in this program and your reasons for applying:

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2. Please describe your spiritual journey up until now. Feel free to attach additional pages if needed.

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3. Briefly describe your current spiritual practice:

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4. Please describe any experience you have had with spiritual counseling, psychotherapy, or other personal growth work:

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5. Please attach resume, or briefly list your educational and work histories as well as any additional study programs that have deepened your knowledge (i.e., breathworks certification or other alternative training programs).

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6. Please provide a personal and professional reference that we may contact.

**Personal Reference:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Professional Reference:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

7. Are you in or have you had any of the following?

	Yes	No	Specify
Counseling	_____	_____	_____
Psychotherapy	_____	_____	_____
Breathwork (type)	_____	_____	_____
Psychedelics or mind altering substances	_____	_____	_____

<b>Medical Information</b>	Yes	No	Specify
Chronic/severe headaches	_____	_____	_____
Are you pregnant?	_____	_____	_____
Complications with your birth?	_____	_____	_____
Cesarean birth?	_____	_____	_____
Complications from anesthesia?	_____	_____	_____
Heart-circulation problems?	_____	_____	_____
Any heart attacks?	_____	_____	_____
Strokes in family?	_____	_____	_____
High blood pressure?	_____	_____	_____
Low blood pressure?	_____	_____	_____
Recent operations?	_____	_____	_____
Physical illness or injury?	_____	_____	_____
Severe mental illness?	_____	_____	_____
Been in a psychiatric hospital?	_____	_____	_____
Are you on any medications?	_____	_____	_____
Epilepsy or seizures?	_____	_____	_____
Contagious disease?	_____	_____	_____
Diabetes?	_____	_____	_____
Osteoporosis?	_____	_____	_____
Glaucoma or cataracts?	_____	_____	_____
Asthma?	_____	_____	_____
Kundalini?	_____	_____	_____
Spiritual emergencies?	_____	_____	_____
Physical limitations or considerations	_____	_____	_____
Dietary Restrictions?	_____	_____	_____

8. Is there any other significant information you want to share regarding your participation in this program?

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By completing and signing this application, I attest that the information provided herein is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_