



FERI TRADITION CLASS, LEVEL ONE/LONG DISTANCE (circle one)

With STORM FAERYWOLF

Enrollment Application

Please Print.

Name (Mundane and Magickal, if applicable): _____

Address: _____

Email: _____

Phone Number: _____ Best time(s) to Call: _____

Date of Birth (You must be 18 or older to attend my classes.): _____

1) How would you estimate your current level of knowledge of Witchcraft and/or the Occult? (Seeker, Beginner, Intermediate, Advanced, etc.) Please explain.

2) What does your current spiritual practice consist of?

3) Why are you interested in the Feri tradition of Witchcraft? (Be specific.)

4) In-person students only: Are you prepared to make a 2-year commitment toward the completion of this course?

5) How did you hear about this class? _____

6) Indicate your preferred method of contact: Mail Telephone Email (Circle one.)

I have read the class description and policies and agree to the terms and expectations of the class. I agree that based on my performance and participation I may be dismissed without regard to class fees paid and assert that everything in this application is true and correct.

Signature/Date

Please send this application, along with a cover letter and a SASE to the address below.

You will be contacted by your preferred method ASAP.

1437 N Broadway • Walnut Creek, CA 94596

www.faerywolf.com