



THE SACRED ANDEAN TRADITION

EXPERIENTIAL WORKSHOP APPLICATION FORM

19 – 24 MARCH 2025

FULL NAME

KNOWN NAME OR NICKNAME

PHYSICAL ADDRESS

EMAIL

CELL NUMBER

DATE OF BIRTH

DO YOU KNOW ANY ACTIVE MEMBERS
OF THE SAT COMMUNITY?

THEIR NAME / S

ARE YOU AWARE THAT IT WILL BE
SHARED ACCOMMODATION?

ARE YOU CONSIDERING DO THE ADDITIONAL
PAMPA MISAYOO INITIATION?

THIS INITIATION FOLLOWS ON FROM THE
24TH TO 26TH AT AN ADDITIONAL R6200

NATURE OF WORK/EMPLOYMENT (OPTIONAL)

OTHER PERSONAL INTERESTS (OPTIONAL)

Signature: _____

Date: _____

EMAIL YOUR COMPLETED APPLICATION FORM TO VALDEMAR OR SILVIA