

SACRED

TRANSFORMATIONS

a non-profit corporation

Application for Tattoo Transformation Program

Personal Information

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Email: _____

Age: _____ Date of Birth: ___ / ___ / ___

Primary Language: _____

Secondary language: _____

Emergency Contact Information:

Name: _____

Relationship: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

How did you hear about Sacred Transformations?

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What are the most difficult parts about living with your tattoo/s, scar/s, burn/s?
Give examples of physical, emotional, mental, spiritual or other effects.

What have you accomplished since you received your tattoo, scar, burn?

Why do you want this tattoo/scar/burn changed?

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What do you think our transformation program can offer you?

What are your three main goals after your transformation piece is complete?

1. _____

2. _____

3. _____

What are your three main long term goals?

1. _____

2. _____

3. _____
