



## Personal Intensives Application

Please fill this out as carefully, honestly, and whole-heartedly as possible. You can fill this in on your computer, save it and email it back to me. It will be kept between us and confidential.  
Blessings, Sheri

Name:

Address:

Phone:

Email:

What is holding you back most in life right now from living the life you desire?

What actions have you taken so far in this direction?

What has worked so far and what has not?

What do you feel your largest issue/blockage is?

Are you TRULY ready to make the changes necessary to achieve your goals?

Are you ready to do what is necessary to make those changes?

How big are you ready to play in your life?

What is the most empowering and helpful thing that I can help you accomplish?

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