

**ACROPOLIS SOPHIA**  
**The Ascended Master School of Wisdom**  
***Seven-Day Intensive Seminar Program***

**APPLICATION FORM**  
**July 6-12, 2009**

Name: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone (\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_  
E-mail \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**Prerequisites:**

Our Quarterly Conclave will be held at the Sheraton Tucson five days immediately prior to Acropolis Sophia. All students are required to attend the full-day sessions on Saturday and Sunday of this Conclave.

**Note:** If you have not previously attended Acropolis Sophia, we highly recommend that you plan to attend the entire Conclave before attending the seven-day Session of Acropolis Sophia.

Each student must already be a Torch Bearer of The Temple.

Each student must agree with items 1 – 5 of this application.

**By signing below, I hereby certify that the following information is true and correct to the best of my knowledge:**

1. I have carefully read and understood the new Torch Bearer application form, and I hereby signify my agreement with all of the statements therein.

\_\_\_\_\_ My signed application form is attached.

\_\_\_\_\_ I have previously signed and submitted the current version of the Torch Bearer application form.

2. I understand that Acropolis Sophia is a unique opportunity for students to receive instruction from the Ascended Masters through their Anointed Messengers, and I value it as such. Therefore, I agree to refrain from using this event as a forum for purveying or promoting the teachings or practices of other spiritual or religious activities, organizations and traditions.

3. I agree to attend and to participate in the program throughout each day of Acropolis Sophia.

If, for any reason, I need to leave the Coeur de Li3n property during the day, I agree to consult with one of the designated Teaching Assistants before leaving.

If, at any time, I feel that I cannot continue throughout the remainder of the week, I agree to speak directly with a Shepherd Templar or lay minister before withdrawing from the program.

4. I understand that enrolling as a student at Acropolis Sophia is a serious undertaking, and that it will require my full mental, emotional and physical health. I affirm that I am fit to participate in this program.
5. I understand that the tuition for Acropolis Sophia is \$555.00 and the meal plan that includes lunches, dinners and the Acropolis Sophia banquet is \$115.00. I also understand that I am responsible for my own transportation to and from Coeur de Li6n.

Name: \_\_\_\_\_  
(signature)

Name: \_\_\_\_\_  
(print)

Date: \_\_\_\_\_

**If you have previously mailed us the new Torch Bearer application form, you may fax this completed Acropolis Sophia application form to: (520) 647-0009.**

**If you are signing the new Torch Bearer application form for the first time, please return both of these application forms via mail to: The Temple of The Presence, P.O. Box 17839, Tucson, AZ 85731-7839**

Approved: \_\_\_\_\_ Date: \_\_\_\_\_