Reiki Symbol Quiz

Teachers Name: __________________________ Class Date: __________________

Class Location- City: __________________________ State: __________________

What caused you to take this Reiki Class: (please circle all that apply)

reiki.org Internet site Teachers personal internet site Open House/Reiki Share
From a Friend Reiki News Other __________________________

Please Circle Class: Reiki II ART Master Karuna I Karuna II Karuna Master

Student Name (please print) _____________________________________________

Mailing Address: __________________________ City: ______________________

State: __________________ Zip: ______________ Country: __________________

Phone number: ______________________ E-mail: _________________________

Please draw the symbols for this class level below and/or on the back without looking at your notes. Be sure to include the names of the symbols. The numbers and arrows are not necessary.