



# Pathways Seminary

P.O. Box 205  
Asheville, NC 28802



## Reference Form

*(All items must be completed)*

Applicant's Name: \_\_\_\_\_

Public Pagan Name (PPN): \_\_\_\_\_

Applicant's Path: \_\_\_\_\_ Reference's Path: \_\_\_\_\_

Reference's Name & PPN: \_\_\_\_\_

Relationship to Applicant: Initiator      Community Member  
Covenor/Circle Member      Other (please list): \_\_\_\_\_

Reference's City & State: \_\_\_\_\_ Phone No.: \_\_\_\_\_

I have known the Applicant for \_\_\_\_\_ years, and recommend him/her as follows:

---

---

---

---

---

---

---

---

---

---

\_\_\_\_\_  
Signature

Thank you for your recommendation. Please sign this form and return it to us. You will be contacted to verify this information; all information you provide will remain completely confidential. If you need more space, please attach an additional page or pages.