

Crystal Heart School of Crystal Healing Booking Form

PLEASE FILL IN THE FOLLOWING DETAILS:

NAME _____

ADDRESS _____

PHONE _____

EMAIL _____

PLEASE BOOK ME IN ON THE FOLLOWING COURSE/WORKSHOP:

TITLE _____

START DATE _____

COST _____

DEPOSIT ENCLOSED _____ AMOUNT

DO YOU HAVE ANY SPECIAL REQUIREMENTS?

PLEASE BRING LUNCH, NOTEPADS ETC AS ADVISED, REFRESHMENTS PROVIDED.

CHEQUES PAYABLE TO G ROBBINS, PLEASE SEND TO:
450 ABBEY ROAD, BASINGSTOKE, HANTS RG24 9EN

DATE _____

SIGNED _____