

# 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 \_\_\_\_\_