West Shires School of Complementary Health

Astrology Course Booking Form

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| --- | --- |
| Name: |  |
| Address including postcode |  |
| Telephone Number: | Daytime:  Evening:  Mobile: |
| Email: |  |
| Workshop Title: Astrology | |
| Date/s of Workshop |  |
| Please print clearly the name you would like on your Certificate of Attendance |  |
| Workshop Price and Deposit Paid | £150 (deposit £50)  Date of Birth:  Time of Birth:  Location of Birth: |
| Other Information: Please provide your date of birth, time of birth as accurately as possible and the location of birth |

Date of booking:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email form to : [alliancetherapycarmarthen@gmail.com](mailto:alliancetherapycarmarthen@gmail.com)

Or post to : Please make cheques payable to

West Shires School of Complementary Health C E Hodgson

Alliance Therapy Carmarthen,

24 King Street, For bank transfer details – please ask

Carmarthen

SA31 1BS