



The Academy

School of Reflexology and Holistic Therapies

BOOKING FORM

I wish to book on the following course.

Course Title

Course start date

Contact Details

Full Name

Address

Telephone number

Email

Qualifications

Date of Birth

Occupation



BOOKING FORM CONT.

Do you have any conditions or disabilities which may require special help during the course.

How did you hear about this course

I confirm that I have read the booking terms and conditions and am happy to accept them.

Signed

Print name

Date

Tunic size 8 10 12 14 16 18 20 22 24

Please send your completed booking form together with your payment form and deposit to

The Academy

School of Reflexology and Holistic Therapies

K. Pitt

79, Clare Street

Northampton

NN1 3JE

Email kpitt_reflex@btinternet.com Telephone 01604 631806

Website www.reflexologyacademy.co.uk



To.....Bank.

Please set up the following Standing Order and debit my/our account accordingly.

Account details.

Account name.....Account number.....

Account holding branch.....Sort code.....

Payee details

Name: The Academy School of Reflexology and Holistic Therapies.

Sort code 60 – 15 – 55

Account Number 73000787

Address: Nat West Bank Plc Weston Favell Branch 41 Weston Favell Centre Northampton NN3 8JT.

About the payment

Payments to be made Weekly Two weekly four weekly monthly

Date and amount of first payment date.....amount £.....

Date and amount of ongoing payments date.....amount £.....

Date and amount of final payment date.....amount £.....

Reference:

Confirmation.

Customer signature(s)

.....

Date.....