

AYURVEDIC KANSA VATKI FOOT MASSAGE

Course Booking Form

(Please PRINT your details clearly)

Name: Date of birth:
(as you would like it to appear on your Certificate)

Address:.....
.....
.....

Telephone (home & business):.....

E-mail:.....

Website:.....

Details of qualifications currently held:
.....
.....

I wish to attend on:.....
(Please phone or email before sending to check availability of places)

I enclose a cheque for £

Where did you hear about this course?:.....

Please complete this form, and send it with your cheque made payable to CAROL ANDERSON to the following address:

Carol Anderson
3 Western Road, Littlehampton, West Sussex BN17 5NP

For any further information please phone 01903 719012
Or e-mail at mail@carol-anderson.co.uk