



REALMS OF SERENITY

ANGELIC REIKI WORKSHOP BOOKING FORM

CONTACT DETAILS

Name:

Date of birth:

Phone:

Mobile:

Current address:

Email address:

WORKSHOP DETAILS

Name of workshop:

Workshops generally take place over a weekend, but if you have any preferred days, please let me know:

Name as to be shown on your Certificate::

DISCLAIMER

Working with the wonderful angelic energies is very powerful and it can affect people in a number of ways. It is therefore a requirement that participants inform me of any past or current issues with alcohol and/or drug abuse, mental issues or any other medical condition, issue or disability that you feel I should be made aware of or if any special arrangements are required. Please note: Due to the powerful energy, anyone with a pacemaker fitted cannot attend. It is your full responsibility to declare any such information before booking a workshop and to be responsible for you own well being. If you would prefer, please contact me to discuss.

Please advise of any relevant information or state "none" if not applicable:

TERMS AND CONDITIONS

Place a cross in the box to confirm you have read the attached T&C's

ANY OTHER INFORMATION

Signature:

Date:

Please email completed form back to karen@realmssofserenity.co.uk