

Booking Form for College of Sound Healing Courses

(tick as appropriate)

Sound Healing Training	
	Date
	Venue
<input type="checkbox"/> Part 1 – Introduction to Sound Healing	
<input type="checkbox"/> Part 2 - The Theory & Practice of Sound Healing	
<input type="checkbox"/> Part 3 - Music as Medicine	
<input type="checkbox"/> Part 4 - Sound Healing through the Chakras	
<input type="checkbox"/> Part 5 – Graduation weekend	
Name	
Address	
Email	
Home phone	
Mobile	
Number of places required	
Brief detail of previous experience of voicework/ singing/ healing/ meditation/ complementary therapies	
How you heard about the workshop	

I attach my cheque in the sum of £
 (cheques payable to course tutor as listed on College website)
 Please reserve space for the person named above.

Signed	Date