



# *The* Reflexology Studio

*School of Reflexology*

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Tel No \_\_\_\_\_

Emergency Tel No \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Email \_\_\_\_\_

*Please give your reasons for undertaking this course.*

*List any life experiences you feel are relevant to this course.*

*List any special needs or disabilities and language preference.*

***I am paying by:***

- Cash***
- Cheque, made payable to SHancock***
- Visa***
- Paypal***

***Signature***

***Date***