

ANGEL WORKSHOP BOOKING FORM

Please print out and fill in the details required on this form. Send it with a cheque made out to Anthea Todd, posted to 28 Cilmaengwyn Road, Pontardawe, Swansea, SA8 4QL. Payment in advance is required. I look forward to meeting you, but I cannot enrol you without this documentation.

Your name: _____

Address: _____

Tel: _____

Email: _____

Relative's or friend's name and tel: _____
(needed in case of emergency)

What do you hope to gain from attending this course?

**YOUR DETAILS AND ALL INFORMATION GIVEN ARE CONFIDENTIAL.
I VALUE ANY DETAILS YOU PROVIDE AND NEVER PASS THEM TO
ANOTHER PARTY**

Participation Agreement:

I am aware that all kinds of angelic, healing, psychic, holistic, esoteric, hypnotic, mediumship and spiritual meditative practices can interact with levels of my conscious and subconscious mind, and I know of no physical, psychological or emotional health conditions that I have which preclude me from freely participating in any event organised by Anthea Todd. I accept full legal and ethical responsibility for engaging in these proceedings, and for keeping my health conditions monitored fully by my doctor (GP). I am over 18 and I agree to these conditions of attendance and participation.

Signed _____ Date: _____