



**Reiki
Gauteng**
Holistic Healing Academy

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Application Form

2019

Reiki Second Degree Training Course

NAME _____

SURNAME _____

DATE OF BIRTH _____

TELEPHONE _____

CELLPHONE _____

EMAIL _____

ADD ME TO MAILING LIST

INDICATE PREFERRED COURSE DATES (X)

- | | | | |
|------------|---------------|---------------|--------------------------|
| Saturday | 16 Feb-30 Mar | 10:00 – 14:00 | <input type="checkbox"/> |
| Thursday | 21 Feb-04 Apr | 18:00 – 22:00 | <input type="checkbox"/> |
| Thursday | 13 Jun-25 Jul | 09:00 – 13:00 | <input type="checkbox"/> |
| Saturday | 22 Jun-03 Aug | 15:00 – 19:00 | <input type="checkbox"/> |
| Thursday | 24 Oct-05 Dec | 18:00 – 22:00 | <input type="checkbox"/> |
| Saturday | 02 Nov-07 Dec | 10:00 – 14:00 | <input type="checkbox"/> |
| One-on-One | _____ | _____ | <input type="checkbox"/> |

How did you find ReikiGauteng?

- Website Internet Search
 Friends/Family Flyer/Brochure
 Other: _____

WHAT ARE YOUR EXPECTATIONS OF THIS COURSE

COURSE COST

R1 950p.p. (7 Weeks)

PAYMENT METHOD

CASH

EFT

SIGNED

I hereby agree to the RGHA Standard Terms & Conditions, Booking and Cancellation Policy

DATE

BANKING DETAILS:

Standard Bank (020909)
Thibault Square * Savings
Account Name: **LL Brown**
Account No.: **07-836-719-0**