



**Reiki
Gauteng**
Holistic Healing Academy

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Application Form

2018

Reiki First Degree Training Course

NAME _____

SURNAME _____

DATE OF BIRTH _____

TELEPHONE _____

CELLPHONE _____

EMAIL _____

ADD ME TO MAILING LIST

INDICATE PREFERRED COURSE DATES (X)

- | | | | |
|------------|---------------|---------------|--------------------------|
| Saturday | 07 Jan-03 Feb | 09:00 – 13:00 | <input type="checkbox"/> |
| Thursday | 11 Jan-08 Feb | 18:00 – 22:00 | <input type="checkbox"/> |
| Thursday | 03 May-31 May | 09:00 – 13:00 | <input type="checkbox"/> |
| Saturday | 05 May-02 Jun | 14:00 – 18:00 | <input type="checkbox"/> |
| Thursday | 16 Aug-13 Sep | 09:00 – 13:00 | <input type="checkbox"/> |
| Saturday | 18 Aug-15 Sep | 14:00 – 18:00 | <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 350 p.p. (5 Weeks)

PAYMENT METHOD

CASH EFT

BANKING DETAILS:

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

SIGNED

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

DATE

