

THE SHIATSU SCHOOL EDINBURGH

Application Form

I wish to apply for a course of 5 baby shiatsu classes

Name:

Address:

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Postcode:Telephone:

Email.....

Please give any details of your baby's birth or health or your own health that you may like me to know before we start:

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Where did you hear about the course?

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I enclose a non-refundable payment as follows:

£45

£30

Please send completed application form with cheque made payable to 'The Shiatsu School Edinburgh' to:

The Shiatsu Centre
35-37 Bread Street
Edinburgh
EH3 9AL

You will receive written acknowledgement of your application

The Shiatsu School Edinburgh would like to hold your details and send you further information about the School and our courses. If you agree that we can use your details in this way please tick here .
We will not pass your details on to any other organisation.