

## Booking Form

I would like to register for:

◆ Channelling' – 2 day workshop @ £140.00

on (insert date): \_\_\_\_\_ in ◆ Malvern (please select)

---

◆ `Channelling ' – 2 day workshop @ £120.00

on (insert date): \_\_\_\_\_ in ◆ Marlborough (please select)

---

I enclose my payment of £ \_\_\_\_\_ (cheque) made payable to School of Channelling.

Name: \_\_\_\_\_

---

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

---

Telephone No: \_\_\_\_\_

Email: \_\_\_\_\_

---

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

---

**Important** – please note that all payments are **non-refundable** within two weeks of the start of the weekend (£50 deducted for administration costs in event of cancellation prior to that)

We do require that you complete the questionnaire overleaf. The course is primarily experiential in nature and it is important that we have a few more details about you. This is to ensure that the course will be suitable for you.

Please send the completed booking form together with an S.A.E. to:

School of Channelling  
PO Box 300  
MALVERN  
WR14 9DT

If you have any queries please call us on 0787 203 8088 or email:  
[helena@schoolofchannelling.co.uk](mailto:helena@schoolofchannelling.co.uk)

On receipt of your payment we will send you confirmation, location map and a copy of *Channelling for Everyone*

## Questionnaire

PLEASE NOTE THAT THE FOLLOWING INFORMATION WILL BE TREATED IN THE STRICTEST CONFIDENCE.

Please answer the following questions using a separate sheet of paper if necessary.

1 Age

---

2 Occupation

---

3 Is this your first experiential group?

---

4 Are you experiencing, or have you experienced, problems of a nervous, emotional or psychic nature?

---

5 Are you currently in therapy of any kind? If so, please provide details.

---

6 Are you regularly taking medicines or pills for any purpose? Please note that it is in your interest to tell us if you are regularly using drugs for medicinal or recreational purposes. Again, be assured that this will be in the strictest confidence.

---

7 Please list any experiential groups that you have attended, e.g. Awareness, Sensitivity, Psychic, Meditation, Healing, Group Therapy, Bodywork, etc.

---

8 How/Where did you hear about this course?

---

9 Do you have any dietary requirements (please note refreshments only are provided)

---

THANK YOU

