

KARMA ACADEMY

of beauty and holistic therapies

APPLICATION FOR COURSE(S)

Surname _____ First Name(s) _____

Title: Mr/Mrs/Ms/Miss _____

Address _____

Town: _____ County: _____ Postcode: _____

Telephone:

Mobile: _____ Day: _____ Evening: _____

E-mail: _____

Date of birth: _____

How did you hear about us?

COURSE(S) REQUIRED:

COURSE NAME	COURSE DATES

HOW TO BOOK

Terms and Conditions

- A deposit of £50 (non-refundable) is required for each course booked
- Full payment is required TWO WEEKS prior to the beginning of the course

TOTAL AMOUNT DUE £ _____

AMOUNT ENCLOSED (deposit) £ _____

I agree to abide by the terms and conditions listed above

Signed _____ Date _____

All cheques payable to Karma Academy of Beauty and Holistic Therapies and send to KarMa Academy, 2, The Rise, Amersham, Bucks, HP7 9AG

Please send complete form with payment