



Third Eye Workshops Booking Form

COURSE OR WORKSHOP YOU WOULD LIKE TO BOOK FOR:

DATE OF EVENT: _____ COST: _____
NO OF PLACES: _____ TOTAL: _____
BOOKING REF: _____

***To book any private sittings or healing, please contact us and
we can let you know if the Medium or Healer is available.***

Name: _____
Address: _____

Postcode: _____ Telephone: _____
Email: _____

I would like to be emailed information about other courses: YES NO

Cheques:

Please make cheques payable to Lizanne Christopher.

Please post this form to:

Lizanne Christopher, PO Box 27, Woodstock, Oxon OX20 1NH.

Cancellations and Refunds Policy:

Please tick to confirm that you have read our Cancellations and Refunds Policy: YES