



Healing Centre Name:			
First Name:		Last Name:	
Address:			
		Postcode:	
Email (please print):		Telephone:	
<input type="radio"/> I confirm that I am 18 years of age or older			
<input type="radio"/> I hereby acknowledge that I have been advised to seek qualified medical help for myself			
<input type="radio"/> I wish to be kept informed of news about this Centre (ie. sessions changes, events, etc)			
Signed:		Date:	
How did you hear about us (Facebook, Website, Search Engine, recommendation, etc): <p style="text-align: center;">The Healing Trust thehealingtrust.org.uk 01604 603247 Registered Charity No: 1094702</p>			



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