BRISTOL SCHOOL OF THAI MASSAGE

Booking Form: Please print and return completed form to:

The Family Practice
116 Gloucester Road
Bishopston
Bristol BS7 8NL

Name:…….....

Address:…….....

..... ……

Telephone: ..... ……..

Email: ..... ……..

Previous Massage Experience: …….....

……..

……

I wish to sign up for:

Professional Course starting…….....

Workshop Title:…… Date……

Workshop Title:…… Date……

I enclose a cheque* for £…… for the:

Deposit ☐
Full Amount ☐
Early-booking Discount ☐

* Please make cheques payable to *Adam Carter*