## Academy of Reflexology - Have Feet Will Travel C/O 1026 Moyer Drive Sherwood Park, AB T8A 1E6 780-235-3720

Email: reflexacademy@yahoo.ca

## **Course Registration Form**

## Personal Information

Last Names		E'm ( N )	Initials
Last Name		First Name	
Address City		PC	<del>-</del>
		()	
Email Address		Phone Number	
Cour	se Information		
	_	re interested in and inclu	ide date for which you are
enrol			
0			
0	2200 Hour Massage Therapy Diploma Course		
0	J 17 ( 1		
0	57		
0			
0			
0			
0	Professional Reflexology Pure & Simple		
0	Essential Chair Massage (Full Course		
<ul> <li>Essential Chair Massage (Specialty Course</li> </ul>			
0	Other course: (please	e specify):	
			, cheque or money order sen
		make cheque or money of	
COOK	son, 1026 Woyer Drive,	Sherwood Park, AB T8A	1E0 this deposit in good faith
that i	t will secure a nlace for		gnated course. The course
	s I am requesting are:	mysen in the above acsig	indica course. The course
		end this course due to lo	w course enrolment or othe
caus	e by Academy of Reflex	ology - Have Feet Will Tra	avel I will receive a full
refun	d of my deposit		
	ature Signature	Date	
Than	k You - " It's always nice t	o he kneaded "	