



BOOKING FORM
MASSAGE COURSES 2009

CONTACT DETAILS

NAME:.....

ADDRESS:.....

.....

POST CODE.....

EMAIL:.....

CONTACT TELEPHONE NUMBER

AGE RANGE 18-30..... 31-60..... 60+..... MALE..... FEMALE.....

EXPECTATIONS FROM THE COURSE:.....

.....

HOW YOU HEARD ABOUT THE COURSE:.....

DATE OF COURSE YOU WOULD LIKE TO BE BOOKED ON:.....

DEPOSIT

PAYMENT BY CARD(VISA,MAESTRO,MASTERCARD,SOLO) OR CHEQUE.

Card.No: ____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____.

Valid from ____/____/____ Expires ____/____/____ Issue No ____/____/____ Security code ____/____/____

Amount to be debited from my card £25 _____(please tick)

Cheque deposit included of £25 _____(please tick)

DECLARATION:

1. I UNDERSTAND THAT I WILL RECEIVE A MASSAGE AND WILL BE MASSAGING ANOTHER DURING THE DAY.
2. I UNDERSTAND THAT I MAY HAVE TO BRING A MODEL TO PRACTICE ON FOR THE DAY. AT ONE WILL INFORM YOU WITHIN 10 DAYS OF THE COURSE.
3. I UNDERSTAND THAT THE COURSE COMPRISES OF MEN AS WELL AS WOMEN.
4. I WILL RESPECT THE DIGNITY AND MODESTY OF EVERYONE ON THE COURSE AT ALL TIMES.
5. I UNDERSTAND THAT THE DEPOSI OF £25 IS NON-REFUNDABLE.

SIGNATURE:

DATE:

**PLEASE MAKE CHEQUE PAYABLE TO “AT ONE” AND SEND TO
34 LIME ROAD, STRETFORD, MANCHESTER, M32 8HT.
THANK YOU.**