



One-Day Workshop Application Form

PLEASE USE BLOCK CAPITALS AND WRITE CLEARLY

NAME OF WORKSHOP:

DATE OF WORKSHOP:

FULL NAME:

ADDRESS:

HOME TELEPHONE:

MOBILE TELEPHONE:

EMAIL ADDRESS:

DATE OF BIRTH:

How and where did you hear about the course?

	Leaflets (where?):	
	Magazine or newspaper ad	Website
	Other (please specify):	

Please tick here if you would like to be kept informed of upcoming courses and events and would like to sign up for our mailing list and newsletter.

What experience, if any, have you had in this area?

Do you have any health or disability issues you feel the course tutor(s) should be aware of?

A course place is only secured on receipt of a completed application form and payment in full.

I am enclosing payment for:

the full fee of £_____

Signature:

Date:

Please send this completed form with your payment to:-
Isle of Avalon Foundation, The Glastonbury Experience, 2-4 High Street, Glastonbury,
Somerset, England, BA6 9DU.

Tel: 01458 833933. email: office@isleofavalonfoundation.com