**ALEXANDER TECHNIQUE COURSE BOOKING FORM**

Please contact Wendy to reserve your place before making your payment. Online payment is preferred but alternatives can be arranged. Payment details will be supplied when you reserve your place. Many thanks.

**COURSE TITLE:**

**DATE:**

**Name:**

**Address and postcode:**

**Mobile phone No:**

**Landline:**

**E-mail:**

**EMERGENCY CONTACT No.**

**Pre-course questionnaire**

1) Where did you find out about this course?

2) Please give details of any previous Alexander Technique courses or lessons you have attended:

3) Do you have any physical illness or limitation(s) that may make sitting, lying or movement difficult for you? If yes, please provide details, thanks.

4) Do you have any visual or hearing impairment which could make participating in the workshop difficult for you? If yes, please provide details, thanks.

5) Please indicate briefly what has drawn you to the course:

**Cancellation Policy**

Please refer to the course information on the website for the cancellation policy.

Participant’s Signature: Date:

(Please write your name here)

Teacher’s Signature: Date: