

Reflexology Workshop

NAME. _____

ADDRESS. _____

MOBILE. _____

Email address. _____

Name of Workshop _____

Date or Dates. _____

DEPOSIT _____

Send to: Joan O Reilly.

Cedar Lodge. Gortatlea. Tralee. Co Kerry.

Phone number; 0667137404 / 0879751986

Office use only.

Date received: _____

No: _____

Deposit Paid: _____