

# Holistic Health Workshop

## BOOKING FORM

NAME — \_\_\_\_\_

ADDRESS — \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE # — \_\_\_\_\_

EMAIL — \_\_\_\_\_

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We need a maximum of 6 horses.

Yes I would like to bring my horse

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## PAYMENT DETAILS

Payment may be made by direct deposit or credit card

Herbal Horse Pty Ltd

BSB — 032 612

ACC # — 161 813

CREDIT CARD DETAILS

EXP  /

Please return with payment to Herbal Horse —

PO Box 550 TENTERFIELD NSW 2372

FAX — (02) 6736 4455

No later than February 5th 2010