



ABN: 813 9782 3233

School of Huna Massage & Reiki

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Course Registration Form

Please print legibly. All information is kept in strictest confidence

Salon/Day Spa or Group Name _____

Name _____
(Please write your name as you would like it to appear on your certificate)

Street Address _____

Suburb _____ State _____ Postcode _____

Email Address _____

Contact number _____

Please tick the Workshop/Course you wish to attend:

- | | |
|--|---|
| <input type="checkbox"/> Huna Diploma Course Module 1 @\$395 | <input type="checkbox"/> Traditional USUI Reiki Level I @ \$175 |
| <input type="checkbox"/> Huna Diploma Course Module 2 @ \$395 | <input type="checkbox"/> Traditional USUI Reiki Level II @\$265 |
| <input type="checkbox"/> Huna Diploma Course Module 3 @ \$395 | <input type="checkbox"/> Traditional USUI Reiki Masters @\$595 |
| <input type="checkbox"/> Huna Diploma Course Module 4 @ \$395 | <input type="checkbox"/> Corporate (Seated) Massage @ \$135 |
| <input type="checkbox"/> Soul to Soul Healing Retreat @ \$TBA | <input type="checkbox"/> Swedish Massage @ \$295 |
| <input type="checkbox"/> Hot Stone Massage @ \$225 | <input type="checkbox"/> Other Courses _____ |
| <input type="checkbox"/> Ear Candling Course incl. Ear Candles @ \$135 | |

Date of Workshop/Course _____ (Check Course Dates)

Number of Participants _____

- A \$100 deposit is required per person for all courses and workshops
- Balance is payable on the day of the Course
- 4 - 12 students are required for each class
- All deposits are non-refundable and non-transferable. Kahuna Bodyworks has the right to cancel any workshops or courses due to insufficient numbers or unforeseen circumstances. In these situations a total refund will apply.

I have enclosed: Cheque (Payable to Kahuna Bodyworks)
 Money Order (Payable to Kahuna Bodyworks)

or a Direct Debit Transfer to: Kahuna Bodyworks
BSB: 036 226 Account No.: 23 1543
(please attach your name to all deposits)

or Credit Card (phone orders accepted) Type : _____ # _____ / _____ / _____ / _____
Expiry Date : ____ / ____ Auth/CCV : _____ Amount: _____
Name on Card : _____ Signature : _____

Please post all applications to:
Kahuna Bodyworks School of Huna Massage & Reiki, P.O. Box 186 BC, Joondalup WA 6919