

## Raindrop Therapy Workshop Registration Form

Class fee is due by the registration deadline. **It is requested that all attendees pre-register to assure availability, since space is limited.** To register, please complete this registration form and return it with your payment to Magick & Miracles (see below). Confirmation will be emailed to you. Please complete separate registration for each workshop participant. **If you have any questions, please contact Krista at 610-759-6117 or email at magickandmiracles@gmail.com.**

Please Print Clearly

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

I am a Young Living:  customer  distributor Member #: \_\_\_\_\_

Name as to appear on my certificate: \_\_\_\_\_

### REGISTRATION PAYMENT

**Payment Type:**

Cash  Check # \_\_\_\_\_ (\$30 Fee for all returned checks)  Credit Card/PayPal

**Credit Card Information:**

Name as it appears on credit card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Credit Card#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ Signature: \_\_\_\_\_

**Mail Payment to:** Magick & Miracles, 1415 Bushkill Center Rd, Nazareth, PA 18064