



Knowledge Tree



Enrolment Form

Please fill in the form below and return with payment by post or email to:
Knowledge Tree
 PO Box 35-557, Browns Bay, Auckland 0753, New Zealand
 Tel: +64 9 479 5706 • nancy@knowledgetree.co.nz • www.knowledgetree.co.nz

Your Details

Name: _____

Name to appear on your certificate: as above, or: _____

Address: _____

Postcode: _____

Tel: _____ Mob: _____ Email: _____

Course Details

Class Name: _____ Date: _____

Venue: _____

Payment Details

Course Fee: \$ _____

Enclosed is:

Deposit \$ _____ Full Payment \$ _____ Payment Plan Instalment

Please tick method of payment: Cash Cheque Visa MasterCard Online Banking

Online Banking Payment: please include your surname in the reference field

Pay to: Knowledge Tree Ltd, National Bank, Browns Bay

Account Number: 06-0122-0183511-00

Credit Card Payment: please charge my Visa MasterCard \$ _____

Card No:

Cardholder Name: _____ Expiry Date: _____

Signature: _____

Personal Information

ThetaHealing™ is a supplement to medical care, not a substitute for it. Please indicate any permanent or temporary conditions (including pregnancy) that your tutor should be aware of, or that may interfere with your ability to participate in this class?

I have read and agree with the Knowledge Tree Terms & Conditions (see website)

I have completed any pre-requisite classes with a Certified ThetaHealing™ Teacher (see website)

Signature: _____ Date: _____