MUSIK LI PIM (SPIRIT LIGHT OF PLANTS) SCHOOL OF PLANT MEDICINE AND HEALING ARTS

**Application form**

If you have made contact though the web-site then you should print off this form and either e-mail it to me or send it by normal mail to the office address.

Course ...10 Tour to Guatemala..................................

Date of Course .........................

Date of application .....................................

Name .....................................................................

Address .....................................................................

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City.....................................................................

Sate.....................................................................

Zip .....................................................................

Home Telephone Number .....................................................................

Mobile telephone number .....................................................................

E-mail address .....................................................................

Non- refundable deposit for course ........$100.00...........................

Date paid .....................................................................

Balance for fees .....................................................................

Date paid .....................................................................

How have you heard of The Plant School?

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Any other information (Courses attended, practical experience)

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