



## Private Session Booking Form

### Your Contact Details

Name:

Address:

PCode

Phone:  Mobile:

e-mail:

*Please carefully enter your email address as your private session will be confirmed by email.*

General Availability:

Time Zone:  Number of sessions to book

Frequency of Sessions (if booking more than one):   
*e.g. 1 session per month*

### Amount Enclosed:

**Payment:** (please tick your chosen method): **Date of payment:**  /  /2005

**Cheque** to Clearsight

**Postal Order** to Clearsight

**Direct Debit:** Commonwealth Bank High Street Fremantle.

BSB: 066107 Act number: 1031 **2891**

*Sorry, credit card payments cannot be accepted.*

**Post to: PO Box 390 South Fremantle WA 6162**

**Phon/Fax: 08 9336 4737**

**email: clearsight@peterspearls.com.au**