

# APPLICATION FORM

**CONFIDENTIAL**

Date.....

Please may I have astrological reading letter ..... as described on the readings page.

Full name - Mr Mrs Ms Miss Other

.....

Address

.....

.....

Town/City

.....

County/State

Country

.....

.....

Post/Zip Code

Telephone

.....

.....

E-mail address

.....

Date of Birth

..... (please write month in words)

Time of Birth

Time accurate to within

.....

.....hrs/mins

Place of Birth

.....

*If too small to be found on an average atlas, please give nearest town(s).*

Profession

.....

Do you have any knowledge of Astrology yourself, and if so, to what level?

- None
- Basic
- Intermediate
- Advanced

Any important details you would like to mention?

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Is there a particular aspect of your life you are particularly seeking guidance for?

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