

PRESENTER:

DATE(s) OF THE EVENT:

CONTACT PERSON:

CONTACT NUMBER:

SPONSORING ORGANIZATION:

INDIGENOUS WHOLISTIC **HEALING SERVICES**

SPECIAL CONDITIONS:

If set-up outdoor the customer agrees to

provide adequate shelter to protect equipment

set forth in

TERMS OF AGREEMENT

4613 KELLER AVENUE E. REGINA, SASKATCHEWAN S4V 3R5, CANADA TOLL-FREE: 1-855-544-2777 FAX: 1-306-700-5143

EVENT BOOKING FORM & CONTRACT AGREEMENT

ANDREW BEAR

EMAIL ADDRESS: NATURE OF EVENT:	from adverse weather conditions. INDIGENOUS WHOLISTIC HEALING SERVICES will not be held liable for any damage or harm to property or persons unless such is caused by gross or wanton negligence on the part of INDIGENOUS WHOLISTIC HEALING SERVICES. By signing this contract, the customer acknowledges that he or she has read and agreed to the terms and conditions set forth i this contract agreement.
ADDITIONAL INFORMATION:	PLEASE MAKE ALL CHECKS OR MONEY ORDERS PAYABLE TO:
	INDIGENOUS WHOLISTIC HEALING SERVICES
	CUSTOMER SIGNATURE (Must be at least 18 years of age)
AGREED UPON: \$	THANK YOU FOR YOUR BUSINESS Wholistic healing therapist; Andrew bear
PAYMENTS RECEIVED OF: \$	INDIGENOUS WHOLISTIC HEALING SERVICES
REMAINING PAYMENTS: \$	



INDIGENOUS WHOLISTIC HEALING SERVICES

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CONTRACT DETAILS:

IMPORTANT NOTICE:

PLEASE NOT IF A DATE HAS TO BE RESCHEDULED FOR ANY REASON, THERE IS A \$2,500.00 RESCHEDULING FEE. AFTER THE RESCHEDULING ALL WORKSHOP FEES MUST BE PAID PRIOR TO THE NEW DATE COMMENCING.

OTHER PERTINENT INFORMATION:

COMPLETE CONTACT INFORMATION OF PERSON WHO IS BRINGING ANDREW BEAR TO THE COMMUNITY.

- NAME:
- PHONE NUMBER (CELL PHONE):
- ADDRESS OF COMMUNITY: