

Oracle Card Reader Registration Form

Class fee/deposit is due by the registration deadline. **It is requested that all attendees pre-register to assure availability, since space is limited.** To register, please complete this registration form and return it with your payment to Magick & Miracles (see below). Confirmation will be emailed to you. Please complete separate registration for each workshop participant. **If you have any questions, please contact Krista at 610-759-6117 or email at magickandmiracles@gmail.com.**

Please Print Clearly

First Name: _____ Last Name: _____

Address: _____

Email: _____

Phone: _____ Cell: _____

Name as to appear on my certificate: _____

REGISTRATION PAYMENT

Payment Type:

☐ Cash ☐ Check # _____ (\$30 Fee for all returned checks) ☐ Credit Card/PayPal

☐ **Option #1: Paid in Full - \$147** _____

☐ **Option #2: 4 weekly pmts of \$40**

First Week Deposit Payment _____

Second Week Payment _____

Third Week Payment _____

Fourth Week and Final Payment _____

Credit Card Information:

Name as it appears on credit card: _____

Billing Address: _____

Credit Card#: _____ Exp. Date: _____

Security Code: _____ Signature: _____

Mail Payment to: Magick Miracles, 1415 Bushkill Center Rd, Nazareth, PA 18064