



Contact information	
Name:	Email:
Phone:	Address:
Skype:	

Birth details	
Birth date: (DD MMM YYYY)	Birth place: (City, country)
Birth time: (hh:mm am/pm)	Current city:
Birth data source: (Baby book, Mom's memory etc.)	Rectified: (Yes, no, don't know)

Optional
Have you consulted an astrologer before? (If yes please elaborate)
Have you taken an astrology class before? (If yes please elaborate)
What are your personal expectations on this course?

Please Sign		
I accept that astrology with Alison Price is to be considered for entertainment purposes only.		
Name (Please print)	Signature	Date: