

# CO-BIRTHING®

## BOOKING FORM

*CELEBRATE THE AWARENESS OF SPIRIT AND THE JOY OF PREGNANCY AND BIRTH.*

NAMES

.....

ADDRESS.....

POSTCODE.....MOBILE /PHONE.....

EMAIL.....

Date around which your baby is due.....

Is this your first or subsequent baby?.....

Where do you intend to give birth to your baby.....

Are you interested in using a birthing pool?.....

Do either of you have any medical conditions I should be aware of and if you do please state your condition .....

How did you hear of the classes?.....

Please send this form together with a cheque made payable to Amanda Edwards, to 3 Gage Ridge, Forest Row, East Sussex, RH18 5HL. or by email [amanda@awakentoheal.com](mailto:amanda@awakentoheal.com) for payment by Paypal.

‘We (your names)..... will inform Amanda Edwards of any change in our medical condition’.

Signed- both(or in person at your first class).....

.....

Date.....

Please give details of previous births on the reverse of this form, or by email.

*Thank you!*

Fees paid.(by cheque or paypal ).....

Contact: Amanda Edwards: 07703561616. or email [amanda@awakentoheal.com](mailto:amanda@awakentoheal.com)  
[www.love2birth.com](http://www.love2birth.com) [www.awakentoheal.com](http://www.awakentoheal.com)

All material and ‘co-birthing’ copyrighted to Amanda Edwards © 2010-12