

PLEASE PRINT THIS FORM OUT AND COMPLETE BY HAND- This is not a web form!

Name: _____

Address: _____

Home Tel: _____ Mobile: _____

Date of Birth: _____ Place of Birth: _____

Time of Birth: _____ AM/PM GMT Time: _____

Latitude: _____ N/S- Longitude: _____ E/W

If your question/s involve another person, please provide their details as well:-

Name: _____ Relationship to you: _____

Date of Birth: _____ Place of Birth: _____

Local Time: _____ AM/PM GMT Time: _____

Latitude: _____ N/S- Longitude: _____ E/W

Details of your question/problem:- (Separate sheet if necessary)

Please enclose a photograph of each person concerned and a cheque made payable to 'Judy Hall'. Post to: Judy Hall, PO Box 5941, Wimborne, BH21 9AA. Allow up to 8 weeks for your reading.