

# Brenda Leemans

BA (HSS) Hons BA (Psych) Bpsych

**Registered Counsellor**

Reg 0011932 Practice 0410632

## **Booking Form for Adolescent Workshop - PLEASE SPECIFY WHICH DATE:**

Parent Name:

Telephone:

Email:

Adolescent Name:

Age:

Workshop: Boundary Setting

Love Languages

Both

I hereby give consent for my adolescent son/daughter to attend the above mentioned group:

Cost per workshop: R 100.00

Total due:

Parent Signature: \_\_\_\_\_

### NOTE:

- Booking will be confirmed on receipt of payment into the following account:
- Appointments not cancelled and not rescheduled more than 24 hours in advance, will incur the full fee.

Brenda Leemans  
First National Bank  
Branch: Randburg  
Branch Code: 250655  
Account number: 6218 0988 043

- A confirmation notice will be sent to the you on receipt of payment.
- Limited seats available for this group.

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## Chameleon Play Therapy Centre

CONSCIOUS HEALING CENTRE, 19 PENGUIN DRIVE, FOURWAYS, 2055



P.O. Box 1555, RANDBURG, 2125



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