HEDGE WITCH COURSE Registration 2026/27

The Old Clinic, 10 St Johns Sq, Glastonbury BA6 9LJ

First Name ……..

Last Name ……..

Email ……

Phone Number ……..

Mobile number ……..

Address ……..

……..……..

Postcode ……

Date of Birth ……...

Place of Birth ……..

Time of Birth if known ……..

Contract of commitment and agreement for Hedge Witches in training for 2026/2027

I agree to participate in this course without judgement of other witches and vow to keep confidentiality throughout the course to protect my sisters. I will also respect our teachers.

I will join in with activities, indoor and outdoor, included in the course, understanding that I take full responsibility for my own health and safety. I agree that Sunflower Healing will not take responsibility for any personal physical injuries during the course.

I agree to inform the Mother Witch, Georgina, if I have any health issues or mobility needs during the 13 weekends.

I agree to ensure that any remaining fees due to Sunflower Healing are paid in accordance with my agreement with the Mother Witches and understand that missed weekends still have to be paid for.

I have read the Training Guidelines section on the website and agree to abide by these rules.

I agree to the above requirements as set out by Sunflower Healing without exception and I will also act with integrity and honour memories of my ancestral Mothers and take responsibility for myself.

By signing below you are agreeing to the above conditions.

Signature: …… Date: ……

Print full name: ……...