

# MINISTARGAZER

## READING REQUEST FORM 001

YOUR BASIC NECESSARY INFORMATION	
Your First Name ONLY	
Day of Birth	
Month of Birth	
Year of Birth	
Time of Birth	
Place of Birth (Nearest Large City)	

TAROT CARD READING	
Your Question No.1 :	
Your Question No.2 :	

YOUR EMAIL:	
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Please enter all required info and send this form to:

Maureen Kirby <info@ministargazer.com>