

Payment Receipt

Date: **[Insert Date]**

Receipt No: **[Insert Receipt Number]**

Received From:

Name: **[Participant's Name]**

Email: **[Participant's Email]**

For Enrollment in:

Workshop Title: **[Workshop Title]**

Date of Workshop: **[Workshop Date]**

Payment Details:

Payment Method: **[Payment Method]**

Amount Paid: **[Amount]**

Thank You!

Thank you for enrolling in our holistic health workshop. We look forward to seeing you!

Contact Us: **[Contact Information]**