

Aphrodite's Temple Retreat 2010

PLEASE READ BOTH PAGES CAREFULLY & PRINT CLEARLY

This information is confidential, is used only for this event & in case of emergency

title: _____ first name: _____ last name: _____

home address: _____

suburb: _____ state: _____

postal address (if different): _____

suburb: _____ state: _____

contact phone number: hm: _____ mob: _____

email: _____

In case of emergency, whilst attending the retreat, please include the name and contact details of a person we should contact.

name: _____

relationship to you: _____ mob: _____

phone (home) _____ phone (work) _____

Do you have any medical conditions or take any medication relevant in the case of an emergency or that could stop you from participating in activities? (e.g. pregnant)

yes no

If yes please state: _____

The accommodation is twin share but there may be a situation where some single rooms are available, if so do you want to be considered for one of these rooms

yes no

(continued over page)

Do you have any special dietary requirements? yes no

- vegetarian
- vegan
- gluten intolerant
- other, please specify _____

How did you hear about this event? _____

COST

\$600 by 16/8/10 | \$650 after 16/8/10

includes: accommodation, all meals, all linen supplied, all workshop materials supplied (including charm bag)

PAYMENT: \$100 deposit must be paid before your booking is confirmed. Balance paid by the 26/4/10

TERMS & CONDITIONS – Please read carefully

PAYMENT: A place cannot be guaranteed until full payment is received.

CANCELLATION: The \$100 deposit is non-refundable but, on application, may be transferred to another WytchyWays event.

In extenuating circumstances and on application full refunds will be considered or a transfer to another WytchyWays event will be offered.

PLEASE NOTE: Alcohol or recreational drugs are not to be consumed or brought to the venue. Smoking at this retreat is not allowed during the workshop events in or near any of the buildings of the retreat centre.

All Care Taken But No Responsibility - You Are Responsible For Your Own Care & Safety

Email or forward this Registration form with payment to:

Wytchy Ways - PO Box 212 - WILLOUGHBY NSW 2068

PLEASE SIGN: _____ **DATE:** ___ / ___ / ___

Please let us know if you require a receipt.