

ShamanicPathways Sweat Lodge Residential 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) _____

HEALTH CONSIDERATIONS - Please advise us if any of the following apply to you:

- pregnant
- cardiovascular problems
- respiratory infections (colds or flu)
- kidney problems
- diabetes
- contagious skin disorders
- hepatitis
- claustrophobia
- alcohol or drug addiction
- taking medication – e.g. tranquillisers or antipsychotic drugs

please state: _____

Please discuss any concerns you may have with the facilitators before you participate.

ACCOMMODATION

Do you have any special accommodation requirements?

no yes please state _____

Do you have any special dietary requirements? yes no

- vegan
- diabetic diet
- gluten intolerant
- other, please specify _____

How did you hear about this event? _____

COST:

\$500 by 30/4/2010 | \$580 after 30/4/2010

PAYMENT: \$100 deposit must be paid before your booking is confirmed. Balance paid by the 21/5/10

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.