

# The Magick of Winter Solstice Yule 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 30/4/2010 | \$650 after 30/4/2010**

**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.