

## RELAX.REPLENISH.RENEW.

**REGISTRATION FORM**

NAME:

MAILING ADDRESS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL/PHONE:

AGE:

WHAT AREA OF EDUCATION DO YOU WORK IN?

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WHAT ARE YOUR REASONS FOR ATTENDING THE RETREAT?

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WHAT EXPECTATIONS DO YOU HAVE ABOUT THE RETREAT?

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EXPERIENCE WITH (please check all that apply):

* Yoga \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Mindfulness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Meditation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENERAL OVERALL HEALTH (PHYSICAL, MENTAL, EMOTIONAL)

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ALLERGIES/DIETARY NEEDS

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NEXT OF KIN (NAME & PHONE NUMBER)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAYMENT INFORMATION (please circle)

* Cash
* Cheque (To Jacqueline Shoemaker Holmes or Anita Mitra)
* e-Transfer

PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO KNOW

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CANCELLATION POLICY

Please note that if unexpected circumstances arise, you are welcome to cancel up until Friday August 1st, 2014 and will receive a full refund minus a $25 registration fee. After this date registration and fees are final.

Contact Jacqueline Schoemaker Holmes at 613-222-4042 or Anita Mitra at anita.mitra@ucdsb.on.ca with questions or for further information/assistance.