

# SIMPLY SOULFUL YOGA, THERAPIES, NUTRITION & SUP RETREATS

## Participant details:

Title:		First name:		Surname:	
Address:					
Postcode:		DOB:		Age:	
Home tel:		Work tel:		Mobile:	
Facebook:		Twitter:			
Email:		Would you like to sign up to my newsletter? (see declaration below) (if yes, please supply email address)		YES/ NO	(please circle)

## Accommodation request: (requests cannot be guaranteed)

Ground floor	<input type="checkbox"/>	Shared room (with other members in your party)	<input type="checkbox"/>	Single room	<input type="checkbox"/>	(an additional single room supplement will be charged once accommodation is confirmed. Limited availability)
Total number of people in your party: (including yourself)			Please enter names of all party members overleaf (note: each participant is still required to complete their own booking form)			

## Request for additional therapies during your retreat: (must be booked in advance. We will contact you separately to arrange times)

Holistic therapy	<input type="checkbox"/>	1:1 Yoga session	<input type="checkbox"/>	1:1 Meditation session	<input type="checkbox"/>
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## Medical details: Please let us know if you have, or have had, any of the following medical conditions

	Y	N		Y	N
Heart condition (including pacemaker or pacemaker leads)	<input type="checkbox"/>	<input type="checkbox"/>	Depression	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory condition	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Back, hip, knee, ankle, shoulder or neck injury	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Contact dermatitis or other skin condition (i.e. psoriasis/eczema)	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis or osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>
Tumours or malignant disease	<input type="checkbox"/>	<input type="checkbox"/>	Any allergies or intolerances	<input type="checkbox"/>	<input type="checkbox"/>
Phlebitis or thrombosis	<input type="checkbox"/>	<input type="checkbox"/>	High or low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Varicose veins	<input type="checkbox"/>	<input type="checkbox"/>	Mobility difficulties	<input type="checkbox"/>	<input type="checkbox"/>
Recent surgery (last 12 months)	<input type="checkbox"/>	<input type="checkbox"/>	Pregnant or trying to conceive	<input type="checkbox"/>	<input type="checkbox"/>
Recent broken bones (last 12 months)	<input type="checkbox"/>	<input type="checkbox"/>	Any condition under medical care not mentioned here	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any of the questions is yes, please give details below: (continue overleaf if necessary)

Please give details of any prescribed medication: (continue overleaf if necessary)

Do you have any special dietary requirements or food allergies?	Y	N	If yes, please give details (continue overleaf if necessary)
	<input type="checkbox"/>	<input type="checkbox"/>	

## Emergency contact details: (if you wish to add more than one emergency contact please do so overleaf)

First name:		Surname:	
Relationship to you:		Mobile:	
Home tel:		Work tel:	

Please tick to acknowledge that you are happy for our yoga teacher to gently re-align your body during yoga if necessary

All correspondence from Simply Soulful Retreats will be by email. If you would prefer to receive correspondence by post, please tick here

**All information is treated in the strictest confidence**

**Declaration:** (Please tick the boxes and sign below)

- I declare that the information I have given above is true to the best of my knowledge. Should any of the information change, I will inform Simply Soulful Retreats as soon as possible.
- I have read the Simply Soulful Retreats Terms & Conditions of booking and understand that payment of a deposit (or the full balance) indicates my acceptance of these Terms & Conditions.
- If, I have signed up to the newsletter by circling my preference above, I understand my personal information will only be used for marketing communications relating to your business, and that you do not share, or sell, or disclose personal data with third parties (except as set out within your [Privacy Policy](#), which can be viewed on your website). I acknowledge I can [update](#) my subscription preferences anytime on your website.

Signature: .....

Date: .....

# Simply Soulful Yoga, Therapies, Nutrition & SUP Retreats

## Continuation sheet

**Continued details of any medical conditions:**

**Continued details of all prescribed medication:**

**Continued details of any special dietary requirements or food allergies:**

**Any additional information you feel may be relevant:**

**Additional party members:**

Office use only:

(tick)

Party member's name:		<input type="checkbox"/>
Party member's name:		<input type="checkbox"/>
Party member's name:		<input type="checkbox"/>
Party member's name:		<input type="checkbox"/>

**Additional emergency contact details:** (optional)

First name:		Surname:	
Relationship to you:		Mobile:	
Home tel:		Work tel:	

**Supplementary details:**

Have you practised yoga before? If yes, please give details ... (how long, style, etc)	
What would you like to achieve from your retreat?	

**SUP Yoga Retreat ONLY:**

If you require a wetsuit, please indicate your size

**Small/ Medium/ Large/ Extra Large** (please circle)

On a scale of 1 to 10, how would you describe your swimming ability? (1 = cannot swim. 10 = strong swimmer).

Please circle

**1 2 3 4 5 6 7 8 9 10**

<b>For office use only:</b>	<b>Retreat location:</b>	<b>Retreat date:</b>	<b>Deposit paid: £</b>	<b>Payment method:</b>	<b>Date received:</b>
<b>Booking reference:</b>	<b>Balance amount due: £</b>	<b>Balance due date:</b>	<b>Balance paid: £</b>	<b>Payment method:</b>	<b>Date received:</b>