

## Retreat Registration Intake Form

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FULL NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ IF RETIRED, PREVIOUS OCCUPATION: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

How did you hear about this retreat?  Friend  Internet search  Facebook  Instagram  Other: \_\_\_\_\_

1. Do you have any allergies/sensitivities? (e.g. foods, environmental, oils, perfumes, etc.):  Yes  No

Please specify:

2. All meals and snacks provided on retreat will be vegetarian. Do you have any special dietary requirements? (e.g. vegan, lactose intolerance, gluten sensitivities, etc.):  Yes  No

Please specify:

3. Do you have any physical limitations or emotional/mental health concerns that may restrict you from practising mindfulness, yoga or meditation safely? (e.g. high or low blood pressure, recent injury or surgery, mental health issues, etc.):  Yes  No

Please specify:

4. Are you new to meditation?  Yes  No If no, how long have you been practising? \_\_\_\_\_

What type of meditation or traditions have you practised:

5. What are you hoping to experience or learn during this retreat?

6. Please share any concerns you have about attending this retreat:

7. Please feel free to share anything else that you feel we ought to know about:

8. Would you like to receive information about other yoga or meditation retreats in the future?  Yes  No

The information collected on this intake form is confidential and is reviewed only by our teaching team to help us create a safe and supportive retreat environment.

Our retreat will be scent-free. We ask that you refrain from wearing perfume and cologne or using heavily scented soaps, shampoos and/or lotions while on retreat.

PARTICIPANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_