Booking Form

### Please answer the questions below fully and return to info@shanti-chi.com. Booking is secure when you receive confirmation either by email, post or telephone. Places are allocated on a first come basis. Electrical signature on form is accepted.

|  |  |  |
| --- | --- | --- |
| Adult Name: |  | DOB: Age: |
| Childs Name: |  | DOB: Age: |
| Address: |  | Postcode |
| Email: |  |  |
| PhoneMobile |  |  |
| Vegan meals are included. Are there any ingredients or foods you or your child are allergic to? | Please State: | Accommodation will be shared spaces; do you or your child have any physical challenges or special consideration?YES OR NO | Please State: |
| Please indicate your cultural heritage |  | State your spiritual practice: |  |
| What do you do for a living? |  |
| What is your main hobby / skill ? |  |
| What are you expecting to gain from this event? |  |
| Payment Method | paypal via the shop and cart on website [www.shanti-chi.com](http://www.shanti-chi.com) or via your own paypal account using email address pandemoniumvizions@hotmail.com If there is difficulty with using this service please contact us 07582228967 to arrange an alternative |
| BOOKING CONDITIONS * The person making the booking becomes responsible for the payment of the total price of the participants named on booking form.
* No booking will be confirmed unless the required deposit and or full payment has been received.
* Should you or any member of your party be forced to cancel we must be notified, in writing, by the person who made the booking and who is therefore responsible for the payment of the cancellation. We are happy to transfer your place to anther.
* You must pay the balance by the due dates - shown on the website.

Always communicate any difficulties you maybe having with payments so we can find solutions |
| Disclaimer: Participants attending the Family Retreat are responsible for their own welfare and that of their children and belongings. By purchasing a ticket you are agreeing to these terms and conditions. |
| PLEASE ENSURE YOU COMPLETE THE MEDICAL FORM BELOW, ONE FOR EACH PARTICIPANT ON THE BOOKING FORM.THANK YOU! |

Medical Form

### In order to take part in this retreat it is important that people on any medication for physical, mental or emotional conditions inform the organisers of their specifics and the name of the medication and/or treatment they are taking including known side effects.

### Full Name:

### Address:

### Do you take medication for any physical, mental or emotional condition? Y / N

### Please specify the name and nature of your illness here:

### ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­

### We the organisers reserve the right to inhibit entry or full participation in this programme

### Where it seems that a person may be at risk. Each person will be looked at sympathetically and on an individual basis.

### Please circle the appropriate words to answer the following questions:

* I am / I am not currently on medication for any physical, medical, mental or psychiatric condition.
* I am / I am not an alcoholic or heavy drinker
* I do / I do not take/smoke/inhale any illegal substance/drugs
* I consider myself to be in good, very good, excellent general health, physically and mentally.
* I consider / I do not consider myself to be in need of some special consideration. Please specify

**I confirm that all above answers are correct and take full responsibility for my physical and mental welfare during this Goddess Ritual Retreat.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:**

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**I confirm that all above answers are correct and take full responsibility for my physical and mental welfare during this Goddess Ritual Retreat.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:**