



SINGING OURSELVES HOME

SONG LEADER TRAINING, 29th to 31st MARCH 2024

Booking form

Name: DOB :.....

Address:

Email: Mobile no:

Next of kin/emergency contact:

Dietary requirements:

Where did you hear about this event?

What experience do you have of group harmony singing?

.....

Wellbeing

This section is to ensure you feel well enough to attend the retreat, and so that I am informed enough to hold you in the best possible way.

On a scale of 1-10, how is your physical () and mental/emotional () health in general?

Are you currently on any medication? (if yes, please detail)

.....

Have you recently undergone surgery? (if yes, please detail)

.....

Have you had any serious physical injuries that could be aggravated through movement?

.....

Have you any history of psychosis or mental health issues? If so, how do you manage it/what support do you have in place?

.....

Is there anything else we should know? (if yes, please detail)

.....

On a scale of 1 to 10 where 1 is relaxed and 10 is fearful:

How concerned are you about covid-19?

How much do you consider yourself to be vulnerable?

Book your place by returning this form via email and transferring a deposit of £150 to:

Sophia Efthimiou

44333204

070246

****FULL BALANCE DUE BY 23rd FEB 2024****

Accommodation

First choice: Second choice:

Cancellation policy

Cancellation of event by facilitator or venue:

- you will receive a full refund, less the deposit which can be transferred to future event

Cancellation for personal reasons, including any illness:

- up to 4 weeks before the retreat you will receive a full refund, less a £50 admin fee

(If you cancel after this point and we are able to fill your place you will receive a full refund, less a £50 admin fee. If not, no refund will be liable.)

Self-Responsibility statement

I understand that there are always risks coming together as a group. I take full responsibility for my choice to attend this event and will not hold the organiser or venue responsible for any loss, injury, damage or infection that might occur as a result of this course. I will not attend if I have any symptoms that may indicate a viral infection.

Please complete and sign below to confirm your agreement with the conditions above:

Signature Date

Looking forward to sharing the journey with you, Sophia x