Booking form

Name:
Mobile no: Date of birth:
Address:
Email:
Next of kin/emergency contact:
Dietary requirements:
Wellbeing This retreat will include therapeutic practices involving movement and sound which can sometimes unlock buried emotions. This form is to ensure you feel well enough to be able to take care of yourself, and 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 yes, please detail)
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)

Book your place by returning this booking form to Sophia via email (sophiaefthimiou@gmail.com) and transferring a deposit of £200 to:
Sophia Efthimiou 44333204 070246
** FULL BALANCE NOW DUE BY 1ST MAY 2023 **
Accommodation
First choice:
Second choice:
Please note that accommodation will be assigned in a way that allows the maximum number to attend (up to 15 participants) $$
Cancellation policy
Cancellation due to government restrictions/facilitator cancellation:
• 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 8 weeks before the retreat you will receive a full refund, less a £50 admin fee up to 4 weeks before the retreat you will receive a 50% 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)
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 retreat 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:

Date

Looking forward to sharing the journey with you $\ensuremath{\mathfrak{O}}$

Signature

Sophia x