

## **Booking Form**

Retreat & workshop details

Theme :			Dates :			
Extension :			Dates :			
Personal De	tails					
Title	Surname		Name		Date of DD/M	
Address						
Contact De	tails					
Work :		Home :		Mobile :		
Email :						a storie
Passport Det please provid	ails e details exactly	as written on p	passport)			
Surname	Forename	Passport Number	Place of issue	Date of issue	Expiry date	Nationality



## Additionnal Requirements

Any special dietary	requirements ?					
Are there any medi	cal conditions that you feel	we need to know about ?				
Other consideration	ns/requests ?					
Contact in case of e	emergency (someone not o	n the retreat)				
Name :		Relation :				
Address :						
Contact Details :						
Work :	Home :	Mobile :				
Email :			NAVIETO			
I have read and agr	a reservation on the abovem ree to all the terms and condi- at www.nature-connexion.co	tions of the retreat/worksho				
Name of person si	gning in full :					
Date :			7			
Signature :						