**Inner Peace Retreat Registration Form 22nd – 24th May 2020**

**\*Please select/fill in the purple areas. The boxes will expand to fit if needed\***



|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Date of Birth:** |  |
| **Mobile:** |  | **Email:** |  |
| **Address:** |  |

**Current Body Movement/Exercise Practices:**

**What would you like to get out of this retreat?:**

**(Please tick all that apply)** **[ ] STILLNESS** **[ ] RELAXATION** **[ ] STRESS MANAGEMENT**

**[ ] RELIEF FROM NECK or BACK PAIN** **[ ] OTHER (please specify)**

**Your Medical History: This helps us to support you further:**

**(Please tick if you have any of the following)** **[ ] HIGH BLOOD PRESSURE** **[ ] LOW BLOOD PRESSURE**

**[ ] HEART PROBLEMS** **[ ] ARTHRITIS** **[ ] NECK PROBLEMS** **[ ] BACK PROBLEMS** **[ ] ANXIETY**

**[ ]  DEPRESSION** **[ ] ADRENAL FATIGUE** **[ ] MENOPAUSAL SYMPTOMS** **[ ]  PMT or PMD**

* Are you pregnant? [ ] Y [ ] N … If YES, how many weeks?
* Have you had surgery? [ ] Y [ ] N … If YES, please give details
* Are you taking any prescription medication? [ ] Y [ ] N … If YES, please give details
* Do you have any injuries? [ ] Y [ ] N … If YES, please give details
* Is there anything else about your health you’d like to share?

|  |
| --- |
| **Please let us know any food requirements/intolerances:**  |
|  |

**Accommodation:**

**[ ]** $595: Twin Share Room –due 10th April 2020

**[ ]** $995: Single Room **– EARLY BIRD** due 31st March 2020 **OR [ ]** $1150: Single Room **– due 10th April**

**\*Deposit of $200 upon booking to secure your spot\***

[ ]  $75: **Optional** group energy balance session on Saturday afternoon

**How to send back to us:**

1) “File” Menu > “Save”

2) “File” Menu > Share > Send Document

3) Add info@stmt.com.au to email

If you have any problems please let us know!

**Payment Options:**

**Direct Deposit:** A/c: Restorative Yoga

 A/c: 136321064 BSB: 633-000 Reference: “Retreat & your name” Date of deposit/full payment:

**Credit Card:** Name on Card:

 Card No.: *1111 2222 3333 4444*

 Exp Date: *00/00*

 CVV Code: *000*

***Please note: Using a credit card will incur a 2% surcharge.***

**Please save this form once completed & return via email to:** info@stmt.com.au

**Cancellation Policy:** Up to 8 weeks before, full refund minus 10% admin fee. From 7 to 3 weeks before, 50% refund. From 3 to 1 week before, 25% refund. 1 week (or less) before, there is no refund. However, I will only implement this policy if I cannot fill the spot.

**Agreement:**

I, *(Enter your name here)*, understand that the instructions given throughout the classes/retreat are only intended as guidance. It is therefore my responsibility to:

* 1) Adjust my practice according to my limitations to ensure no personal injury occurs.
* 2) Inform the teacher before classes of any recent change to my physical, emotional or mental condition.

I hereby declare that I release **Stillness Through Movement** of any responsibility for any injury sustained and that I will take full responsibility for myself during classes, workshops and activities.

**SIGNED**: *Enter your name here* **DATE**:

Thank-you for your registration. We look forward to sharing this beautiful retreat with you! ☺

Tracy Whitton & The STM Team

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