



REGISTRATION FORM - Red Tent Retreat

WITH BERMALVA :: 819.647.2063 :: BERMALVA@GMAIL.COM

Name: (First)

(Last)

Address:

Street Address:

City:

Province / Region: Postal Code:

Date of birth:

Email:

Home Phone:

Cell phone:

Emergency contact (name and phone #):

Allergies/sensitivities/reactions:

Are you living with illness? If yes, generally, what is your medical condition(s)?

Please describe any physical symptoms or physical limitations:

Please relate any psychological difficulties, particularly those for which you have received professional help or been hospitalized:

What are your retreat goals? As in what do you hope to gain from this experience?

Do you have concerns about your retreat? If so, what are they?

Do you have any special food restrictions or important retreat requests? Please list any foods you cannot consume because of medications/conditions.

What is your experience with meditation practice?

Is there anything else you feel needs to be expressed or wish to share?

***Note refunds will not be possible later than 7 days prior to retreat start, unless under certain circumstances as illness, injury etc.**