

# Bali Retreat Booking Form

<b>Name</b>
<b>Address</b>
<b>Post code</b>
<b>Email</b>
<b>Phone number</b>
<b>Date of birth</b>
<b>Occupation</b>
<b>How did you hear about retreat</b>
<b>Reason for attending</b>
<b>Any condition for which you needed medical or psychiatric treatment in the last 12 months</b>
<b>Any current medical issues/medication</b>
<b>Any mobility issues</b>

**Special dietary needs or allergies**

**Emergency Contacts while you are on holiday**

**Name**

**Contact number**

**Number of extra nights accommodation**

**Payment in Full Y / N**

**Or**

**Deposit Y / N      Remaining fee due 16th February 2020**

**Pick up from airport Y / N**

**Flight name and number**

**Date of arrival**

**Time of arrival**

**Passport number**

**Any questions**

**Email this form to [alex@florschutz.com](mailto:alex@florschutz.com)**