

Bali Retreat Booking Form

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

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 31st December 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