

Shapeshift Dance Events 2008 Application Form

Please write your name:

Today's Date:

Address:

Email:

Phone number/s:

Next of kin contact info:

Please write name of event and date:

Dear Dancer,

Thank you for your interest in the above workshop.

If you have any questions please do give me a call or email, info at the bottom.

For our information, and in strict confidence, please consider and briefly answer the following, use other paper if required and send with your deposit/ payment in full.

❖ What experience do you have of the 5 Rhythms Dance or other similar activities?

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❖ Have you in the past or are you currently taking any form of medication?

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❖ Do you have any physical, emotional or mental health issues that would be useful for us to know about?

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❖ Also please say something about why you are thinking of coming on this retreat?

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❖ What support/resources will help you integrate and digest this event when you return home?

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❖ Room request. Shared/single/ dorm etc.....

❖ Is there anything the cook will need to know about your diet?

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Please return this form with your deposits/ payment in full, (for weekend events deposit £60 for longer events deposit is £150) payable to "Shapeshift", send to:

Dawn Morgan, 8 Woodside, Stroud, GL5 1PW. More detailed info on how to get there and what to bring will be sent when you have booked.

I look forward to receiving your booking.

Warm wishes,

Dawn x

Tel:01453 750 608 email [dawn@shapeshift.co.uk](mailto:dawn@shapeshift.co.uk) website: [www.shapeshift.co.uk](http://www.shapeshift.co.uk)