

Shapeshift Dance Events 2010-2011 Booking Form

Please write your name and D.O.B.:

Name of Workshop and date:

Today's Date:

Address:

Email:

Phone number/s:

Next of kin contact info:

Dear Dancer,

Thank you for your interest in the above workshop.

If you have any questions please call or email, information 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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❖ Where applicable: room request. shared/single/dorm etc. ....

❖ Is there anything the cook will need to know about your diet? Serious health or ethical issues only please. There maybe a supplement to pay.

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Please send this form with your deposits/ payment in full, payable to "Shapeshift", send to:  
Dawn Morgan, 8 Woodside, Stroud, GL5 1PW. More detailed info will be sent when your booking has been processed.

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)

(emergencies only 07894711520)