

ESSENTIAL
Holistic Fitness Retreat

Booking Form

All information will be treated in the strictest confidence.

Name:

Address:

.....

..... Postcode

Telephone no: Email:

Date of birth:

Occupation:

Please answer the questions below to help us to cater for your needs during the weekend.

- How much exercise do you do currently? _____
- How would you describe your fitness levels? Low ____ Medium ____ High ____
- How much experience do you have of yoga? _____
- How much experience do you have of Pilates? _____
- Do you have any injuries or back problems, past or present? Please describe

- Have you had any operations in the last five years? _____
- Any other relevant medical conditions (eg high blood pressure)? _____
- Are you vegetarian (no fish / eat fish) or vegan? Please specify. _____
- Any other dietary restrictions (eg wheat or dairy free)? _____
- Are you currently pregnant, or have you had a baby in the last 6 months? _____
- What you would like to get from the weekend? _____

Continued overleaf

- Please rate your levels, from 1 – 5 of the following: (1 low, 5 high)

Stress: 1 2 3 4 5

Energy: 1 2 3 4 5

Sleep quality: 1 2 3 4 5

I would like to book a place at £320 / £340 (circle which).

Please enclose full payment (cheques made payable to either: Penny Little, Sonia Patten, Tracy Alexandrou) and return with this form to:

Please note that the teachers can accept no liability for personal injury related to participation in a session if:

- Your doctor has, on health grounds, advised you against such exercise
- You fail to observe instructions on safety or technique
- Such injury is caused by the negligence of another participant in the class

Thank you for your booking