

# REGISTRATION FORM FOR PARTICIPATION ON YOGA RETREAT

## BASIC INFORMATION

Name

Date of Birth

Phone Number

Email

Address

## ACCOMODATION

Dates of you participation on the course:

Underline the type of accomodation:

Double room;

Single room;

Apartment (Two persons);

Apartment (Three persons);

Apartment (Four persons);

When sharing the room or apartment, please write down the name of your roommate:

## QUESTIONNAIRE

ALL HEALTH-RELATED INFORMATION PROVIDED IN THE QUESTIONNAIRE WILL BE KEPT CONFIDENTIAL.

**DO YOU CURRENTLY HAVE ANY HEALTH PROBLEMS? IF SO, PLEASE SPECIFY:**

**PLEASE DESCRIBE YOUR CURRENT PHYSICAL HEALTH CONDITION:**

**DO YOU HAVE ANY FOOD ALLERGY OR SOME SPECIAL DIET?? IF SO, PLEASE SPECIFY:**

**HOW LONG DO YOU PRACTICE YOGA AND MEDITATION:**

I hereby declare that all the information provided is true and accurate. In order to keep you informed about yoga-related activities, we would like to offer you the option of receiving occasional updates. Please check one or more ways in which you would like to receive notifications:

E-MAIL

WHATSAPP

PHONE

Your personal data will be used solely for the purpose of informing you about yoga-related activities and will not be shared with third parties. If at any time you wish to stop receiving updates, you can request to have your data deleted.