**Yoga Sapien**

Booking Form

Name:

Email address:

Mobile No: D.O.B.

**Emergency Contact:**

Name: Relationship to you:

Mobile No:

**How Did You Hear About Us?**

Been before ◻ Instagram ◻ Facebook ◻

Recommendation ◻ Google ◻ Other ◻ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Room preference: (please bear in mind, rooms are limited, and we act on a first come, first served basis. However, we will do our best to accommodate your preference)**

**PLEASE HIGHLIGHT YOUR PREFERENCE:**

Single Occupancy:

* Single (Loughrigg room)                         £350
* Twin/double room (Helvellyn room)       £385

Sharing a Room - (Please note - this is a women only retreat, therefore if you are single and would like to share a room, be assured you will only be sharing with another woman)

* Superior twin/double room (Scafell Lodge) £385

A deposit of **£90**, together with this completed booking form is required to secure your place. The balance will be due on **Friday 1st October 2021** (ref. terms & conditions)

Deposit and balance payments may be made BACs bank transfer to:

Account Name: Miss J H Wallace

Account No: 31132844

Sort Code: 09-01-29

Please use your name and the word ‘**BRATHAY**’ as reference.

If you prefer to pay by cheque, please make them payable to *Jacqueline Wallace*

**Medical Information**

Please read carefully and answer each question, highlighting either YES or NO

1) Do you have a heart condition and whereby you should only do physical activity recommended by a doctor?

**NO**

**YES**

2) Are you taking any prescribed medication for your blood pressure or

heart condition?

**YES**

**NO**

3) Do you lose your balance because of dizziness or do you ever lose consciousness?

**YES**

**NO**

4) Do you have a bone or joint problem (e.g. back, knee, or hip) that could be made worse by a change in your physical activity?

**NO**

**YES**

If you have highlighted ‘**YES’** to any of the above, or would like to tell us about anything else, please provide further details here:

**I have read, understood and completed the above form to the best of my knowledge. I confirm that I am voluntarily engaging in an acceptable level of activity and my participation involves a risk of injury.**

**I have read the terms and conditions (see website)**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THANK YOU so much and we look forward to seeing you!**

Please return the form to jacq@yogasapien.co.uk