

ARMONIA HEALING RETREATS ENROLMENT FORM

Your name: _____

Your e-mail address: _____

Telephone no: _____

Home address: _____

Dates requested: _____

Activities requested: _____

Airport transfer: _____

Airport and arrival time: _____

When making your booking, please take a few minutes to complete the following questionnaire

Date of birth: _____

Marital status: _____

Children: _____

Age of Children: _____

Are you working full time / part time / unemployed / housewife

For what reason are you coming to the retreat?

What would you like to gain or learn from the experience i.e. to love yourself, lose weight etc.

1.

2.

3.

4.

5.

What traumas have affected your life since childhood and have you had support?

Do you have any experience of group therapy and what do you expect from the group?

Do you have any special dietary needs, allergies etc?
