

## **Registration-/entreeform**

Retreat in	Date Retreat	
Name	Birthdate	
Address	ZIP/Place	
E-mailaddress	Telephone	
Length & weight	Profession	
Contactperson	Telephone	
Food at home: O normal diet O vegetarian O vegan O raw food O other:		
What would you like during the retreate? (several options possible0 Raw food & fruit0 vegi- & fruitjuice0 Water & Herbtea0 1-3 Day Dry-Fast		
What is your movitvation to participate? (several options possible)O HealthO BusinessO FreedomO ResetO Other:		
	O private O both O 5 O 6 O 7 O 8 O 9 O 10	
What is your experience with personal development - Energywork?		
Former therapy or help with trauma or events? When yes, which?		
How is your mental and physical condition? (medication, operations, psychose, disabilities, etc.).		
What is your relationship to food? Is there an eating disorder/food intolerance/allergy?		
Are there any other things we need to know in order to guide you in the best possible way?		

These details will serve as a guide for the intake/retreat and will be kept strictly confidential.

I have taken note of the general conditions (homepage) and declare that I have filled in these questions truthfully and that I will inform you of any changes in my health etc. We recommend cancellation insurance.

Place / date	Signature