

RETREAT INFORMATION FORM

Please return this form with your check.

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NAME:

FULL MAILING ADDRESS:

CELL/PHONE NUMBER:

EMAIL:

A CONTACT FOR MEDICAL EMERGENCY WITH PHONE NUMBER AND
EMAIL:

DO YOU HAVE ALLERGIES? (bees, animals, pollen, medications, food products)

WHAT MEDICATIONS DO YOU CARRY FOR YOUR ALLERGIES:

DO YOU HAVE A FOOD PREFERENCE? (vegan, non-dairy, etc.)

There will be hiking, yoga and perhaps other physical activities. What physical problems do you foresee in doing any of these activities? (back, knees, high blood pressure, etc.)

Will you be able to stay for the entire Retreat?

If you cannot stay for the entire Retreat, please give us your arrival/departure time from the Retreat.