



Cambodia Retreat Registration Form 28th July - 2nd August, 2025

REGISTRATION DETAILS

NAME: _____ DOB: _____
ADDRESS: _____ STATE: _____
EMAIL: _____ CONTACT NO: _____
EMERGENCY CONTACT: _____

INFORMATION

FOOD ALLERGIES or REQUIREMENTS: _____

INJURIES: _____

OTHER MEDICAL CONDITIONS WE SHOULD BE AWARE OF: _____

WHAT DO YOU HOPE TO GAIN FROM THIS RETREAT: _____

Please indicate your experience / level on a scale of 0 - 10 (e.g. 0 being none, 5 being intermediate):

___ YOGA

___ MEDITATION

___ FITNESS

Additional Information

Is there any further information in regard to the above you would like to share?

ACCOMMODATION REQUIRED

PLEASE INDICATE ROOM CHOICE: ___ \$1350 private room ___ \$1150 share room

RELEASE

☐

I understand that I am solely responsible for my health and safety, and will not hold retreat leaders responsible for any loss, injuries, or illness that may occur. I will consider the interests of the group, but acknowledge that I may participate in as many or as few activities as I wish.

SIGNATURE: _____