

Spa Retreat Weekend

November 5th – 7th 2010

Registration Form

Name: _____

Mailing Address: _____

Phone: _____

Email: _____

Birth Date: _____

Emergency Contact Person, relation to you, & phone number:

Please list any food allergies you may have:

Please list and explain any current health conditions you may have:

Have you done a cleanse before? Yes No

If 'Yes', when and what type? _____

How did you feel? _____

What 3 Expectations do you have of the Spa Retreat Weekend?

1: _____

2: _____

3: _____

What 3 Expectations do you have of us as your guides through the Weekend?

1: _____

2: _____

3: _____

Is there anything else you would like to share with us?

Please make your cheque payable to Shelby Worts and mail to:
200-115 Hurontario St., Collingwood, ON, L9Y 2L9

*Thank you for your registration.
More information will be sent to you as we get closer to the Weekend.*

Sarah & Shelby