**A Taste of Ireland**

**Adventure – Yoga – Healing - History**

**Retreat Registration Form**

Saturday, April 25 – Sunday, May 3, 2020

**IRELAND 2020**

**REGISTRATION DEADLINE:** MARCH 1st, 2020

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province:\_\_\_\_\_\_\_\_ Postal Code:\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Retreat costs $3250 including tax**

Retreat fees cover all shared accommodation, transportation, yoga, group activities, mala creation supplies, tour entrance fees, group entertainment fees, All meals are included except t*hree dinners and one lunch out will be additional costs paid on own during tour days.*

**Flights & Medical Insurance**

You are responsible for arranging for your own flights and travel medical insurance. Flights and health coverage/travel medical insurance are not included in retreat price and must be booked on own. Please ensure proof of health insurance is provided to retreat organizers by email to Zena Carson at zenawarriorpricess8@gmail.com by March 25, 2020.

**Registration**

A reservation requires a deposit of 10% ($325) of the total price. Please return this registration form and deposit fees to Cambria at cambria.volonte@live.com

**Payment Schedule**

1. Deposit of 10% to hold your spot upon registering
2. 2nd Deposit of 50% of the remaining amount; Due by January 25,2020
3. Full payment; Due by March 1, 2020

**Cancellation Policy**

Please note that the 10% deposit is non-refundable after January 25,2020

An additional 40% of the total cost is non-refundable after February 25,2020

And, 100% is non-refundable after March 25,2020

**Payments**

Fees can be sent by **email money transfer** to: cambria.volonte@live.com

Or make a cheque payable to:

 Cambria Volonte

 7644 Hwy 24, Lone Butte, BC V0K 1X2, Canada

**Please Register and Pay in Full by March 1st, 2020**

**RETREAT HOSTS AND CONTACTS**

**Retreat facilitator**

Cambria McKenzie Volonte, FIS, PTS, 200YT, EPC, Rki1-2, RDT

**How I support my Clients:**

I strive to help you find what you need to be your best version of health and wellness. I have spent the last 15 years gaining the tools I use today. They are not one form of training, but many certifications that each have their place and use. I utilize each of them when working with my clients, working together to find an integrated way to full being wellness.

**For integrated wellness retreat information contact Cambria** at 250-706-3912 or cambria.volonte@live.ca

**Retreat logistics specialist**

Zena Carson

**How I support my Clients:**

A full-time event planner and travel expert with over 15 years of experience in event production and travel logistics. I take the stress out of your event and travel planning! Available world-wide for your event or travel needs!

**For retreat travel, accommodation or logistics information contact Zena** at 604-329-1587 or zenawarriorprincess8@gmail.com

**Retreat Questionnaire**

These questions are confidential and are meant to help us support you in your Integrated Wellness Retreat, focusing on Yoga and healing in Ireland. This retreat will integrate yoga, healing circles, rehabilitation fitness and energy coaching. *Please note that this is not a religious retreat, we are using spirituality lightly to form a question on your connection to yourself and your surroundings, including your body.* **In as much detail as possible, please let us know how we can best support you in your Integrated Wellness Retreat.**

Please indicate your **experience** or **level** (1-10): *1 is low and 10 is high*

1. Yoga Experience 
2. Meditation Experience 
3. Diet restrictions / preferences / allergies (vegetarian, vegan, wheat, etc.): 
4. Meals we partake in at the yoga centre will be vegetarian – are you ok with that? Yes or No: 
5. Health / Medical condition we should know about: 
6. Do you snore, and if so, how loudly? 
7. Other (non-food) requests or preferences: 
8. Anything else you would like us to know? 
9. What is your joy and passion? 
10. What is your line of work? 
11. Are you willing to be moderate in your use of electronics during this trip? Yes or No: 
12. Are you willing to be moderate in your use alcohol during this trip? Yes or No:  \*\*no alcohol will be permitted during the stay at the yoga centre – you may lightly partake during outing events\*\*

**Release Form**

**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, throughout the retreat. Please note: To ensure a safe and sacred a space, we do not allow alcohol at the retreat center itself. There are often offsite opportunities for moderate, mindful drinking. Thank you for understanding and agreeing.**

Check this box and print your name here : to indicate that you agree to the release form and sign here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_