



Gold Dust Retreats, LLC

Intake Form

Name:

Address:

Birthday:

Exact Time of Birth:

Place of Birth (City, State):

Are you attending the retreat alone or with someone?

Emergency Contact Name:

Emergency Contact Phone:

Dietary Preferences/Allergies (please specify):

Have you done the following (circle or check):

Pilates

Yoga

Meditation

Hypnotherapy

Wim Hof Method

Sauna

Hot Tub

Cold Plunge

Red Light Therapy

Breath Work

Sound Therapy

Tarot Reading

Astrology

Ayurvedic Medicine

Shamanic Healing

What peaked your interest the most about this retreat?

How did you hear about us?

How would you like to receive communications moving forward?

Newsletter

Text

Email

Call

Social Media