Registration Questionnaire

Please complete the below questionnaire. This will not only help us know you better, but also prepare you for the retreat. Please email form to [AmyEllis323@gmail.com](mailto:AmyEllis323@gmail.com) at your earliest convenience to confirm your registration.

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| --- | --- |
| Name: | Phone: |
| Email: | Emergency contact name and phone number: |
| Which retreat are you attending? Please select one:        Pause 2 Manifest, June 17-18, 2023 – A Summer Solstice Event        Pause 2 Manifest, September 23-24, 2023 – A Fall Equinox Event | |
| 1. How did you hear about this retreat and what drew you to attending? | |
| 1. What do you hope to gain from the retreat? | |
| 1. What is your background in the topic of the retreat? | |
| 1. Is there anything you’d like us to be aware of in regard to your participation in the retreat? | |
| 1. Do you have any food restrictions, hard dislikes, or allergies? If so, please list. | |
| 1. Are you sensitive to sage, essential oils, or palo santo? If so, which? | |

Note: The role of the facilitator(s) is to serve as guides toward the retreat goals. We are not trained mental health or medical professionals, and this retreat is not intended to substitute medical, psychological, or drug-treatment therapy. If you need such attention, please seek a licensed professional.