



PrairieSol Central Manitoba Wellness Retreat Registration Form

October 23 – October 28, 2021

Date: _____

INDIVIDUAL INFORMATION

Full Name: _____ Birth Date: _____

Complete Address: _____

E-mail: _____ Home/Cell Phone: _____

May we add you to our database to receive updates, promos, and inspirational information? Yes/No

How did you hear about us? Who referred you? _____

Emergency Contact Information (Name, Phone, Email, Relationship): _____

*Please note: All information on this registration will not be shared, sold, or traded. All attempts to maintain your confidentiality and privacy have been put in place however please keep in mind that web, text, phone, and email communications are not considered to be a confidential medium of communication.

In your own words, please tell us a little bit about yourself such as: family, hobbies/passions, and other self-help/care activities. _____

Are there any recent significant life changes, or stressful events that may be relevant for us to know?

PHYSICAL AND MENTAL HEALTH INFORMATION

During our events, PrairieSol and its facilitators strive to provide the best support, care, and considerations possible to all its participants. Please share and describe any/all relevant or important physical, mental and/or medical challenges or concerns you might have, as well as how to best support you should any symptoms or issues arise.

I.e., I am diabetic and if I get dizzy, I will need some orange juice, I have been diagnosed with anxiety am taking medication and am nervous in large crowds so may require extra time to speak out loud, I am allergic to peanuts and carry an EpiPen in my purse, I have an undiagnosed condition and walk with a cane, I am celiac and vegetarian, I have sleep issues and take medication but may need a wake-up call, I have high blood pressure am non-medicated, and may get a headache if I am stressed, I have a history of addictions and am 6 months sober.

Previous PrairieSol Wellness Seminars/Workshops/Retreats you have attended and what you gained from that experience? _____

What would you like to gain from participating in this October 2021 PrairieSol Wellness Central Manitoba Retreat? _____

Is there any additional information you feel would be relevant for us to know? _____

Registered participants will receive a confirmation email once full payment (or deposit), the registration form and the service agreement have all been submitted and processed. Payments may be made via cheque*, cash or e-transfers to info@prairiesol.ca *Please make cheques payable to Eugenia Lehmann or Barbara Balshaw-Dow