

**REGISTRATION FORM FOR ROWAN WILLIAMS RETREAT**

NAME: \_\_\_\_\_

SURNAME: \_\_\_\_\_

CONTACT DETAILS:

CELL NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DIETARY REQUIREMENTS: \_\_\_\_\_

ACCOMMODATION:

ON VOLMOED  YES  NO – CONTACT DETAILS \_\_\_\_\_

CONTACT DETAILS OF NEXT OF KIN \_\_\_\_\_

MOBILITY CONSTRAINTS  YES  NO

ANY ALLERGIES OR CHRONIC MEDICAL CONDITIONS WE NEED TO BE AWARE OF?  YES  NO

IF YES PLEASE

SPEIFY \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE RETREAT? \_\_\_\_\_