

WRDC Residential Retreat Registration Form

Retreat Dates:

Contact Information

Name _____

Email _____

Phone _____

Address _____

City _____

Province _____

Postal Code _____

Emergency Contact

Name _____

Phone _____

Personal Details

If you have not previously attended a retreat with us, please provide some information about your meditation practice and retreat experience.

Rooms: Two rooms are available on the ground floor, and will be offered on a first-come, first-served basis to those with mobility restrictions. We cannot guarantee availability. Do you have a problem climbing stairs? **Yes** **No**

Meals: All meals are vegetarian. We will attempt to meet any special dietary needs, but no guarantees can be made. If you have any special dietary restrictions (**for medical reasons only, please**), list them below.

Health Concerns: Please note any health issues that you feel we should be aware of.