



Dragonfly

'embracing the harmony and gift of life'

YOU WERE REFERRED BY?

Name of Organisation: _____

Phone: _____

Friday 8 April – 3.00pm Sunday 10 April, James Byrne Centre, Toowoomba

REGISTRATION FORM – **APPLY NOW** to secure a place

The information you provide will be treated confidentially and will only be used by event organisers to facilitate your enjoyment of the weekend.

Personal Details (please print clearly)

First Name: _____ Middle Name: _____ Surname: _____

Address: _____ Postcode: _____

Phone: _____ Mobile: _____ Email: _____

Date of Birth: _____

Do you live: in town on the farm on a station other: _____

Marital status: single married divorced widow

Do you have children still at school or still living at home: NO YES If yes, how many? _____

Privacy & Identification

Do you agree to have your name and contact details on the attendee list: YES NO

Please tick what you want to appear on your nametag: First name Surname Location

Or provide alternative: _____

Special requirements/needs

Dietary: _____

Physical (wheelchair access, stairs etc.): _____

Medical (anything we need to be aware of): _____

In the case of an emergency, please contact

Name: _____ Phone No: _____

Or:

Name: _____ Phone No: _____

Transport Needs

Please note: ALL travel cost will be reimbursed

Will you need transport/travel assistance? (If YES, we will contact you to arrange):

1. From home to Toowoomba: NO YES 2. From Toowoomba to James Byrne: NO YES

Registration Confirmation

By signing and submitting this registration form, I acknowledge that I commit to attend the Dragonfly Health and Wellness Retreat. If I am unable to attend the weekend, I agree to let you know as soon as possible so that others have the opportunity to attend.

Signature: _____ Date: _____

Be sure to complete page 2, over.

Please allow 10 days for confirmation of your registration. Return completed form to:

Sr. Christine Henry rsc

Downs & West Community Support Coordinator

59/22 Towns Street, Mitchelton QLD 4053

P: 07 33559868

M: 0414324682

E: admin@downsandwestcommunitysupport.org.au

REGISTRATION FORM PAGE 2 - PARTICIPANT PREFERENCES

To make the weekend as enjoyable as possible, and to address your particular needs please let us know your preferences for the following services:

Relaxation, Beauty Therapies and Fun activities: List your preference with **1** for your first preference etc.

MASSAGE: _____ **REFLEXOLOGY:** _____ **EYEBROW WAXING/TINTING:** _____

MANICURE: _____ **REIKI:** _____ **FACIAL:** _____

I don't mind which of the relaxation and beauty treatments I have. _____

HEAD MASSAGE: available for all MESSAGE CHAIR: available for all

Medical Service (optional)

A **Pap Smear** is recommended every two years. If you are due to have one and would you like us to book you an appointment (onsite) while at the retreat, please indicate:

YES

NO

A **Mammogram** is recommended for women 50 and over. If you would you like us to book you an appointment (in Toowoomba) while at the retreat, please indicate:

YES

NO

Have you any medical questions that you would like answered during the retreat?

YES:

NO

Please tell us a little bit about yourself

Where were you born: _____

Nick name at school (if any): _____

What is your favourite ...

Movie or TV show, Actor: _____

Animal or insect: _____

Song: _____

Sport and team and Sportsperson (if any) _____

Can you tell us something about yourself (funny, crazy, embarrassing) ...?

PS: If you have children living at home could you please state the age and gender of each:

1.....2.....3.....4.....

5.....



APPLICATIONS CLOSE: Wednesday 23 March

Thank you for completing this form. Please return asap to secure a place