# DRAGONFLY YOGA & AYURVEDA INTERNATIONAL RETREAT INFORMATION FORM

#### **NAME & PASSPORT INFORMATION**

1. FULL NAME ON PASSPORT:
2. PASSPORT COUNTRY OF ISSUE:
3. PASSPORT #
FLIGHT ITINERARY
4. Flight to CORK (ORK): Origin Airport, Flight #, Arrival date and arrival time:
5. Departure flight from ORK: Flight #, Date and Time of departure:
HEALTH INFORMATION & EMERGENCY CONTACT INFORMATION
4. Are you in good health? Do you have any SERIOUS HEALTH ISSUES we need to know about prior to departure? (Blood Pressure, Heart Disease, Diabetes, Insect Bite Allergies etc.)
5. Are you on any MEDICATIONS? If so, please list here:
6. Emergency Contact Name & Relationship
7. Contact Phone # in the US, including area code:
8. Person's email address:

#### PLEASE TURN PAGE

## FOOD ALLERGIES (Required 4 weeks in advance) The group modes included both vegetarian and non vegetarian an

The group meals included both vegetarian and non-vegetarian options. Alcoholic beverages are on your own.

9. Do you have any food <b>alle</b>	rgies? If so, what are they?
10. Do you <b>avoid</b> certain foo	ds? If so, what are they?
Is there anything else you we pertains to yoga practice, etc	ould like us to know about you, your health as it?
PLEASE SIGN BELOW TO INI ACCURATE AND UP TO DATE	DICATE THAT ALL ABOVE INFORMATION IS E:
Signature:	DATE:

### Please return this completed form upon receipt.

Thank you for joining us on this retreat! We can't wait to join you in paradise!

Katie & Declan O'Connell