

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 MEX and into ZIH: Origin Airport, Flight #, Arrival date and arrival:

5. Departure flight from ZIH to MEX: 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 meals included both vegetarian and non-vegetarian options. Alcoholic beverages are on your own.

9. Do you have any food **allergies**? If so, what are they?

10. Do you **avoid** certain foods? If so, what are they? _____

Is there anything else you would like us to know about you, your health as it pertains to yoga practice, etc?

PLEASE SIGN BELOW TO INDICATE THAT ALL ABOVE INFORMATION IS ACCURATE AND UP TO DATE:

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