



SATURDAY 29 - SUNDAY 30 AUG

WHAT'S INCLUDED??

Overnight accommodation in tropical hideaway

2 days of delicious dining

Wellness giftbag packed with goodies!

Wellness workshops from a range of experts

A memorable experience to learn, relax and connect!

YOUR EXPERIENCE:

Sensory and relaxation experiences

Interactive activity stations – mindfulness & affirmations

A mixture of fitness and meditation classes

Inspiring guest speakers and facilitators

WEEKEND RETREAT

\$390 p/person

QUEEN ROOM, PER PERSON
PAYMENT PLAN AVAILABLE:

Payment 1 - 31st April - \$100

Payment 2 - 31st May - \$100

Payment 3 - 31st June - \$100

Payment 4 - 31st July - \$90

REGISTER TODAY!

WELLBEING RETREAT

APPLICATION & CONSENT FORM

TIMINGS: Between 8:00am on Sat 29th Aug until approx. 5pm on Sun 30th Aug, 2020

RETREAT LOCATION: A secret tropical hideaway in the Darwin area - To be advised upon booking.

COST: The retreat includes one-night accommodation in a Queen room, all meals, expert facilitators and activities for only \$390 per person. Please ask about our payment plan.

APPLICATIONS CLOSE: Application & consent forms are to be submitted by **4pm Friday 31st July**.

PLEASE COMPLETE THE FOLLOWING FORM AND EMAIL TO: info@yolocoach.com.au

FULL NAME: _____

ADDRESS: _____

CONTACT PHONE: _____ **EMAIL:** _____

EMERGENCY CONTACT NAME: _____ **PHONE:** _____

ARE YOU PHYSICALLY AND MEDICALLY WELL*? YES NO

IF NO, PLEASE SPECIFY: _____

CAN YOU PARTICIPATE IN HIGH INTENSITY/IMPACT ACTIVITIES* (IE; ZUMBA)? YES NO

DO YOU HAVE ANY MEDICAL CONDITIONS OR INJURIES? IF YES, PLEASE SPECIFY:

DO YOU HAVE ANY ALLERGIES, INTOLERANCES OR DIETARY REQUIREMENTS*? IF YES, PLEASE SPECIFY:

PLEASE CIRCLE TEN WELLBEING THEMES THAT INTEREST YOU:

GOAL SETTING	RELATIONSHIPS	CLOSURE	ANXIETY	FACING FEARS
MINDFULNESS	RESILIENCE	CHANGE	CONFIDENCE	MEDITATION
ZUMBA	NUTRITION	PILATES	ESSENTIAL OILS	YOGA
RESTFUL SLEEP	KONGA	GRATITUDE	RELAXATION	BURNOUT
BUDGETING	COMMUNICATION	CONFLICT	MOTHERHOOD	MOTIVATION

HOW DID YOU HEAR ABOUT THIS EVENT? PLEASE SPECIFY: _____

DO YOU AGREE TO PARTICIPATE WITH AN OPEN MIND AT THE WELLBEING RETREAT? YES NO

APPLICANT SIGNATURE: _____ **DATE:** _____

*ANSWERING "YES" TO THE MEDICAL QUESTIONS WILL NOT EXCLUDE GUESTS, HOWEVER WILL BE USED TO GUIDE RETREAT ACTIVITIES TO SUIT THE NEEDS OF EACH GUEST, WHERE POSSIBLE. THE INFORMATION PROVIDED ON THIS FORM WILL ONLY BE SHARED ON A 'NEED TO KNOW BASIS' FOR CATERING & ACTIVITIES.