



Information, Booking Form and Health Questionnaire

Mindful Yoga Retreats and Days of Practice 2019

Phone: 01872 520794 or 07958 283 722

[Lindi McAlpine - events@heartandmindfulness.co.uk](mailto:events@heartandmindfulness.co.uk)

Heart and Mindfulness

Please complete this Booking Form and Health Questionnaire. This can be done by:

- Completing this PDF form electronically and emailing it to events@heartandmindfulness.co.uk **OR**
- Printing this form, filling it out manually and either scanning it and emailing to events@heartandmindfulness.co.uk **OR** posting to Heart and Mindfulness, Candor, Probus Truro, TR2

Weekend Residential Retreat



A weekend residential retreat comprises 2 nights full board, Friday evening to Sunday afternoon (with an optional 3rd night on Sunday if you're not quite ready to leave...!)

Arriving on the Friday evening between 6:00pm and 6:30pm please to settle in and enjoy an informal, social meal. The retreat starts with yoga practice after breakfast on Saturday morning and ends with tea and cakes on Sunday afternoon.

Both the Saturday and Sunday are structured similarly to the individual Days of Practice with yoga, extended periods of silence and variety of meditation / mindfulness practices. Both Retreat

Days of Practice will start at 10:00 am and will finish at 4:30pm.

Non-Residential option during the Weekend Residential Retreat: Non-residential retreatants are very welcome to attend for a Day of Practice on the Saturday, Sunday or both. Please arrive from 9.30am to be ready to start at 9:45am.

Day Of Practice



A non-residential Saturday of yoga, mindfulness and meditation practices starting at 10:00am (please arrive from 9:30 be ready to start at 9:45am) and ending at 4:30pm with teas and cakes.

2019 Heart and Mindfulness Events at Candor	Date	Reference
Weekend Residential Retreat. (Includes 'Day of Practice' option)	Fri 22 nd to Sun 24 th March	ResMar
Weekend Residential Retreat. (Includes 'Day of Practice' option). (Also celebrating International Labyrinth Day)	Fri 3 rd to Sun 5 th May	ResMay
Weekend Residential Retreat. (Includes 'Day of Practice' option)	Fri 21 st to Sun 23 rd June	ResJun
Weekend Residential Retreat. (Includes 'Day of Practice' option)	Fri 19 th to Sun 21 st July	ResJul
Day Of Practice £30 (including lunch)	Sat 21 st September	DoPSep
Weekend Residential Retreat. (Includes 'Day of Practice' option)	Fri 25 th to Sun 27 th Oct	ResOct

What to bring with you:

- Yoga mat, meditation cushion, blocks, blanket & refillable water bottle
- Outdoor footwear and clothing, suitable for the weather, hat, sunblock, indoor comfy shoes/slippers
- Swimming cossie & towel (optional - if hardy!)

Also please:

- Wear layers of comfortable clothes
- For extra comfort if residential you may consider also bringing a flask, torch, hotwater bottle, toiletries and towel, choc/treats to share
- NB. We have **bee hives, a cat and dog** on the property. For those that have insect/animal allergies please bring appropriate medication. We will endeavour to keep them away from the venue



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Retreat Accommodation Options & Fees

Weekend Residential Retreat with two Days of Practice - Per Person		
Accommodation	Fri & Sat Night £	Fri, Sat & Sun Night £
Barn		
One person in double room	190	255
Two people share in double bed (Per Person)	170	225
Shed single person	130	165
Shepherd's Hut		
Single person	180	240
Two people share double bed (Per Person)	160	210
Kuti hut single (Available from May 2019)	150	195
Bell Tent. Provided with bed and linen		
Single	160	210
Double Double (2 share tent, 2 x single beds) (Per Person)	140	180
Tent (bring your own tent and bedding etc)	110	135

Day of Practice per person per day (with lunch; no accommodation) £30

Payment terms: Full payment when you confirm the booking by submitting this completed [Booking Form](#).

Cancellation terms: Full refund if cancellation made 30 days before event. Thereafter fees paid can be used against a future event that you may wish to attend.

Please pay by:

- BACS/Internet banking quoting your name. Sort Code: **070116** A/C: **28441685** or
- Cheque to Lindi McAlpine

Photo Gallery



Barn. Click for more ...



Hut. Click for more ...



Bell Tent. Click for more



Bring your own tent...



Candor. Click for more



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Application Form

Title

First name

Surname

Contact Details

Address 1

Address 2

Town

Postcode

Country

Email

Home Phone

Mobile Phone

WhatsApp

Date of Birth

Do you use (tick)?

Facebook

Twitter

Instagram

Messenger

Opt in for future mailings.

G.P.'s Name
and Address of
Surgery

Occupation

Emergency
Contact
Name and Phone



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Event and Accommodation Booking:

Use the selection menu beside each event you wish to attend to select the accommodation/day of practice.

Enter the fee for the selected option in the £ box beside the selection.

Retreat Fri 22 nd to Sun 24 th Mar	£
Retreat Fri 3 rd to Sun 5 th May	£
Retreat Fri 21 st to Sun 23 rd Jun	£
Retreat Fri 19 th to Sat 21 st Jul	£
Day of Practice Sat 21 st Sept	£
Retreat Fri 25 th to Sun 27 th Oct	£

Total £

Please pay by:

- Cheque to Lindi McAlpine or
- BACS/Internet banking quoting your name. Sort Code: **070116** A/C: **28441685**

**Special Dietary
Requirements.
Food and/or
Environment
Allergies (cats
Dogs etc)**



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Confidential Health Questionnaire

Please answer the following questions. The information is strictly confidential and will be seen only by Lindi, who, if need be, may discuss contents with you during the pre-course orientation call for clarification. The information is kept securely and destroyed once the course has ended.

1. Do you have any experience of Meditation or similar? (please summarise style/duration)

2. Please describe current levels of physical activity/sports and any experience of yoga/tai chi or similar?

3. Do you have any mental-health issues, including anxiety or depression, past or present? (Please include self-harm, suicidal thoughts, psychosis, schizophrenia, OCD, BPD, bipolar and eating disorders) If yes, please summarise, including any medication/treatment, past or present.

4. Are there any expected life changes or particular stressors in the next few months?

5. Do you have any physical illness or other limitation that may make hearing, lying down, sitting, kneeling, standing, or doing particular movements/yoga poses difficult for you?

Please consult your health professional and discuss with Lindi if any uncertainty.

Please cross any condition/s below that apply to you and provide more information in the box on the next page.

High blood pressure	Low blood pressure/fainting	Detached retina/other eye problems
Heart problems	Diabetes	Cancer
Asthma	Epilepsy	Arthritis
Recent bone fractures/sprains	Back problems	Knee problems
Neck problems	Hip problems	Operations / Pregnancy in last year
Chronic Fatigue/ME	Fibromyalgia	Visual impairment
Problems with balance/coordination/mobility	Hearing impairment	Other

Please complete on next page



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Please provide additional information for any 'yes' answer/s:

Health Declaration

I take full responsibility for my health during the mindful movement/yoga. I will take care to observe and respect the limits of my capabilities. I will inform Lindi of any changes with my physical and mental health.

Please sign below if returning by post or enter name if returning electronically by email:

Signed:

Date:

Name: