

The Leopard Within

‘A wilderness experience for women’

23rd – 26th September 2010

Registration Form

Name	
Surname	
Cell Number	
Other Number	
Email Address	
Payment details Cash deposit, EFT , Cheque, other	
Amount	
Date of Payment	

Please complete the sentence or mark with a ‘circle’ where appropriate. Please use the notes field to add further info to the questions:

Transport		Notes
I need transport from...	YES No	
I can offer transport from...	YES No	
Dietary requirements		
Vegetarian	YES No	
Halaal	YES No	
Other (<i>please specify</i>)		
No special requirements	YES No	
Fitness		
I am very unfit		
I am OK		
I am fit		

Health		
I am in good overall health	YES No	
I have the following health problems that you need to know about <i>(please be specific)</i>		
Medical problems/medication being taken <i>(e.g. asthma/epilepsy/diabetes)</i>		
Psychiatric problems/medication being taken <i>(e.g. irrational fears, phobias, depression)</i>		
Allergies <i>(e.g. bees, nuts etc)</i>		