**Meeting Menopause Booking Form**

Retreat: 16th-18th May 2025

Name………………………………………………………….

Mobile no……………………………………………………..

Date of birth…………………………………. ………………

Address…………………………………………………………………………………

Email………………………………………………………….

Next of kin/emergency contact.……………………………….

Dietary requirements and allergies (all food is vegetarian – vegan options available please specify) ……………………………………………………………

Book your place by returning this booking form to Sarah or Fiona via email (sutcliffetherapy@icloud.com or fiona.bibby@gmail.com) and transferring a payment of £400 to:

Bank: Co-Op Business Account

Name: F BIBBY

Acc No: 63059551

Sort Code: 08-92-50

Reference: MM Retreat

**Cancellation policy**

* Cancellation due to government restrictions/facilitator cancellation:
you will receive a full refund
* Cancellation for personal reasons, including any illness:
up to 8 weeks before the retreat you will receive a full refund, less a £50 admin fee

**Self-Responsibility Statement**

I understand that there are always risks associated with travelling to and participating in a retreat. I take full responsibility for my choice to attend this retreat and will not hold the organiser or venue responsible for any loss, injury, damage or infection that might occur as a result of this course. I will not attend if I have any symptoms that may indicate a viral infection.

I understand that the retreat requires psychological work and processes that may lead to emotional responses. I will inform the facilitators of any treatment, medication, mental health history that is relevant and take full responsibility for my chosen participation in the activities proposed.

Please complete and sign below to confirm your agreement with the conditions above:

Signature ………………………………Date………………………………………

Thank you for booking, we look forward to welcoming you to Meeting Menopause,

[Click here](https://www.timeoutfortransitions.com/) for our website.

Sarah and Fiona