



Yes sign me up, I can't wait! ...for **Delilah's Neighborhood Temple Priestess Belly Dance Retreat January 24-31, 2010; Sunday to the following Sunday**

CONTACT INFORMATION

DANCE NAME: _____

LEGAL NAME: _____

ADDRESS: _____

CITY/STATE/POSTAL CODE: _____

PHONE: _____

E-MAIL: _____

If possible, I would like to be roommates with my fellow participant:

NAME: _____ PHONE: _____

PAYMENT INFORMATION

Today's Date: _____

Title of Accommodation _____ Full Cost \$ _____

Each year we give a **promotional gift** (T-shirt or camisole), so we may need your size(s): _____

Diet: meat vegetarian vegan Other: _____

Kalani is very accommodating for specific diet needs. Please let us know if you have any.

Smoker or **non-Smoker?** All smoking is in designated areas away from rooms.

I will need a **shuttle reservation** Y or N

I will **rent a car** (*Reminder: we do not think this is necessary*) Y or N

I am interested in **sharing a rental car**. We can try to pair people up for shared car rental. Y or N

PHYSICAL/HEALTH CONSIDERATIONS

Is there anything unusual about your health that we should be aware of? _____

In case of emergency, do you have any extreme allergies? _____

Emergency Contact NAME: _____

RELATIONSHIP: _____ PHONE: _____

BIO AND PHOTO

Please include a photo and casual bio about yourself with your registration. This way they can get to know you a little bit before we meet. What you send Delilah helps her in utilizing everyone's talents to the fullest. Registering early means you will also be kept abreast of any new details, opportunities or inspirations that might pop up. We can also introduce you as a participant to other dancers in our fall info packet.

Do you have a special wish or goal for your retreat experience? _____
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UPGRADE: Extra private accommodation request: See separate fee page, then Call Delilah to verify availability. Once confirmed send deposit check with signed forms. Deposit \$ + Extra Upgrade \$ = \$ total enclosed.

LATE REGISTRATION: Depending on availability, there may be sign ups after November 1st, please add \$100 and pay in full or talk to Delilah about payment.

PAYMENT METHOD: Your deposit means you have 4 more payments. Refer to Easy-Payment-Card and get up to date as soon as possible or make full payment (we like that). Send check, money order or cashier's check. Participants outside the U.S. may make arrangements for wire transfers. Make checks out to "Delilah Flynn" and send with registration form to: Delilah Flynn, 4115 Fremont Ave North, Seattle, WA 98103.

RETREAT INCLUDES: 8 days, 7 nights accommodations, meals, approximately 5-6 hours of daily dance and drum classes with master instructors, performance opportunities, live music, promotional gifts, printed notes, and a certificate of course completion suitable for framing.

READ AND SIGN: I have enclosed my deposit along with any extra reserve fee (if any) to secure my place in Delilah's Neighborhood Temple Priestess Retreat, January 24-31, 2010. I have read the detailed booklet Delilah has presented either ONLINE or IN PRINT containing itinerary details. I understand I am responsible for my own travel arrangements to and from the retreat. I will be looking for an additional information packet in the mail at the top of October and any other logistical detail adjustments; approximately two weeks before the retreat. Yippy!

PAYMENT & REFUND POLICY: I understand that \$300 of the deposit is non refundable. However all other money is refundable until December 5th. If I have to cancel after this time I have until December 15th to find a replacement for my spot. After which time no replacement substitutes can be made and the retreat package is forfeited . The total amount is due December 1, 2009.

➔ I have read and agree, please initial _____

WAIVER: I understand and acknowledge that at Delilah's Neighborhood Temple Priestess Retreat, I will be treated like an intelligent and responsible adult. As such, I will be expected to be aware of the nature of our activities, to be aware of my own physical condition and limitations, and to take full responsibility for my own actions and participation in all activities. I will be mindful of my own safety and the safety of others in the group. I understand that Delilah and/or Visionary Dance Productions does not provide medical or accident insurance coverage or insurance for loss of personal property and that I am responsible for this.

HOLD HARMLESS CLAUSE: I assume all risks and hazards incidental to my participation in this retreat, and do hereby wave, release, absolve, indemnify and hold harmless Delilah Flynn and Visionary Dance Productions for any claim arising out of injury to myself (or others) or personal loss.

➔ Participants Signature: _____ Date: _____

FACILITATORS COMMITMENT STATEMENT: I, Delilah, do solemnly swear to do my very best to deliver a creative, worthwhile program aimed to delight, inspire and increase a deeper understanding and enjoyment of the art of belly dance. I do this with love and caring compassion for all. Signature: