

Delphi, Eleusis & Athens: A Goddess Pilgrimage with Kathy Jones

BOOKING FORM

Please print and complete the form, then post it to Kathy Jones, 61 Tor View Avenue, Glastonbury
BA6 8AG, Great Britain

PLEASE USE BLOCK CAPITALS AND WRITE CLEARLY

NAME:

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ADDRESS:

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HOME TELEPHONE:

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EMAIL ADDRESS:

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DATE OF BIRTH:

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MOBILE PHONE:

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How and where did you hear about the Pilgrimage?

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*Please fill out the following questions as fully as possible so that we can get a sense of who you are
and why you want to come:*

Current Occupation:

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Why do you wish to come on this Goddess Pilgrimage?

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Have you been on any Goddess Pilgrimages before (either in a group or individually)?

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What are your expectations?

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Please continue on another sheet if necessary

Fee Payments

A non-refundable deposit of £250 paid by 1st January 2019 secures your place.

The balance of £445 is payable by May 1st 2019.

We will send you a note of Kathy's bank details on receipt of your booking form.

If you're paying from outside the UK you may find Transferwise useful as their fees are lower than those of most banks. You can find them at <https://transferwise.com>.

Please indicate below your preferred payment method:

I will pay using Paypal, and understand that Paypal payments attract an additional fee of £10 for the deposit and £15 for the balance – a total of £25 on the full pilgrimage fee.

OR

I enclose a cheque for £ with this form (UK banks only, please)

OR

I will pay by direct banking or Transferwise – please send me account details.

Because the nature of this pilgrimage can be transformative and energetic it is important for us to know of certain mental & physical conditions. Answering these questions enables us to ensure your safe participation within the group and to recognise those times when it may be wiser to observe rather than to participate. It is a requirement for you to answer the following questions. All information is held in total confidence.

1. Do you suffer from any of the following conditions?

Epilepsy, diabetes, asthma, high or low blood pressure, heart condition

YES/NO*

2. Do you have or have you had any medical problems of an acute or chronic nature?

YES/NO*

3. Have you ever had any mental health problems diagnosed or treated?

YES/NO*

4. Do you have any physical needs that it would be useful for your tutor to know about? (Please note - we regret that most of our rooms are upstairs)

YES/NO*

5. Are you taking any drugs, prescribed or otherwise?

YES/NO*

If you have answered YES to any of the questions above, please give details; continue on another sheet if necessary

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*** Delete as applicable**