

Root 2 Rise Yoga & Wellness Travel Traveler Participation Form
Rise & Shine: Bali Yoga Retreat May 5 – 12, 2019

Please complete the following form, carefully note passport information; we cannot be held liable for mistakes on name and passport details.

Participant Name (as it appears on your government issued passport):

Passport Number & Country of Issue: _____

Passport Issue Date _____ Passport Expiry Date _____

Nationality _____

Cell Phone (_____) _____ - _____ Home Phone (_____) _____ - _____

Address _____

City _____ State _____ Zip _____

Date of Birth (MM/DD/YY) _____

Email _____

Emergency Contact (not traveling with you) _____

Relationship: _____

Phone (_____) _____ - _____

Email _____

Health concerns: any physical limitations and/or chronic health issues we should be aware of?

Please list any relevant injuries, ailments and/or conditions you have (present/past):

Food Allergies- severity and reaction: (Circle if you carry an EpiPen)

Bed preference (separate beds or king): _____

Sharing/traveling with: _____

Celebrating something special during this trip?

