Registration form

Self-care week at The Haven, The Haven
June 21st-25th, 2027 (5 days)

with Kathryn Hudson

In order that your registration be accepted, please fill out this form and return it with your down payment to: **Kathryn Hudson, 47 avenue de la République, 17240 Saint-Ciers-du-Taillon, France**

Participant

Name _____

Complete Address _____

_____

Tel (landline / cell) _____

E-mail (*clearly legible*) _____

Where did you hear of this workshop? _____

Location of workshop

47 avenue de la République, 17240 Saint-Ciers-du-Taillon, France

Time (indicative)

. . . to . . . for 5 days June 21st-25th, 2027

Payment

Only receipt and acceptance of this registration form and the payment of 50 % nonrefundable down payment guarantees registration. If you are paying in two installments, the first check will be cashed upon receipt. Payment in cash for the second part is welcome. Sadly, we cannot accept credit cards.

[___] I choose to pay the entirety: herewith find my check for 500 €

[___] I submit the 50 % down payment: herewith find my check

Check to the order of: Kathryn Hudson. At reception of your registration package, you will receive an e-mail confirmation.

Any room and board charges are for the account of the participant.

Cancellation / reimbursement policy: the organizers or this workshop reserve the right to cancel or postpone, in which case a full reimbursement will be at the option of the participant; No reimbursement will be effected in the case of cancellation by the participant.

Approval

READ and accepted: Signature Date