

# 'ULEI RETREATS RESERVATION FORM

## INSTRUCTIONS:

- Please print. Fax completed form to: **808-443-0124**
- Please answer the following questions by labeling yourselves as participant "1" (P1) & participant "2" (P2)
- If more space is needed for any questions, please add an extra page and refer us to that extra page.

### 1. Individual names and gender of couple participants:

	First	Middle	Last	Gender (circle)
P1:	_____	_____	_____	male female
P2:	_____	_____	_____	male female

### 2. Birthdates:                      *month*                      *day*                      *year*

P1:	_____	_____	_____
P2:	_____	_____	_____

### 3. Mailing address (all information will be sent to this address):

Name: \_\_\_\_\_

Street address  
or P.O. Box # : \_\_\_\_\_

City, state, zip \_\_\_\_\_

4. Our retreats are filled on first to pay basis. Because your preferred month might be filled, we request you choose 3 options for your reservation month. Please list, in order, your preferred reservation month.

OUR #1 CHOICE MONTH IS \_\_\_\_\_

OUR #2 CHOICE MONTH IS \_\_\_\_\_

OUR #3 CHOICE MONTH IS \_\_\_\_\_

**5. Any current injuries or physical limitations that we should be aware of?**

**P1:**

**P2:**

**6. Please circle the appropriate answer to this statement:**

**“We prefer to study with other couples that are”:**

**female/male**

**female/female**

**male/male**

**no preference**

**7. Please rate, from 1-10 your level of experience in the following**

**(1 represents minimal, 10 represents proficient)**

**Cardiovascular Training Knowledge**

P1: \_\_\_\_\_ P2: \_\_\_\_\_

**Yoga Skills**

P1: \_\_\_\_\_ P2: \_\_\_\_\_

**Your Skills At Giving Massage**

P1: \_\_\_\_\_ P2: \_\_\_\_\_

**8. Please provide the information requested below:**

**Emergency contact:**

**Name:** \_\_\_\_\_

**Phone number: 1. (\_\_\_\_\_) \_\_\_\_\_**

**2. (\_\_\_\_\_) \_\_\_\_\_**

**E-Mail address:** \_\_\_\_\_

**U.S. Mail address:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_