

Summer Solstice Healing Retreat 2008
FOR THOSE WHO WISH TO OFFER WORKSHOPS

Name: _____

Title of Workshop: _____

Address: _____

Qualifications for conducting workshop (optional):

Telephone: _____

This workshop is oriented toward (check all that apply): _____ Adults _____ Teens _____ Children _____ All Ages
This workshop REQUIRES the following accommodations*: _____ Indoor space _____ Outdoor space _____ Electricity _____ Massage tables

**Please bring all of your own equipment!* Other accommodation (please specify): _____

Please indicate the **DAY** and at which **TIME** you will be able to provide your first workshop:

DAY: _____ FRIDAY _____ SATURDAY _____ SUNDAY (7:30 – 9:00 am ONLY)

TIME: _____ 7:30 – 9:00 AM _____ 11:30 AM – 1:00 PM _____ 1:30 – 3:00 PM _____ 6:00 – 7:00 PM _____ Late evening

Minimum and/or maximum number of participants you will accept: _____ min. _____ max.

IF YOU WISH TO CONDUCT ADDITIONAL WORKSHOPS,
PLEASE NOTE THE NECESSARY INFORMATION (DAYS AND TIMES) ON THE BACK OF THIS SLIP!
This is a non-commercial event—exchange of money for products or services is not permitted. THANKS and THINK SUNSHINE!!!

Cut on dotted line.