Mindfulness and Movement:

 Holistic Healing for Survivors of Sexual Violence

Name: Class Year:

Phone Number:

Email Address:

Preferred Gender Pronoun:

Accessibility Needs:

Will you bring your own yoga mat? □ Yes □ No

Will you bring your own blanket? □ Yes □ No

1. Please briefly introduce yourself and explain why you would like to participate in the retreat. What would you like to gain by participating in the retreat?
2. Do you have any physical or medical conditions that we should be aware of in regards to practicing yoga? Modifications will be available. (Please note all participants will be asked to sign a waiver at the retreat.)
3. Do you have any previous experience with yoga?
4. Do you have any food allergies or other dietary considerations?