



Wild Minds

Connecting you with nature

Wellbeing Weekend Registration Form August 2022

Your Details	
Title: First Name:	Surname:
Address:	
Town:	Postcode:
Home Tel:	Mobile No:
Email:	Date of Birth:
<input type="checkbox"/> We would prefer to contact you by email – please tick here if this is NOT convenient	
Emergency Contact	
Title: First Name:	Surname:
Address:	
Town:	Postcode:
Home Tel:	Mobile No:
Email:	Date of Birth:
Special Requirements	
Do you consider yourself to have a disability: Yes/No	
If yes, please provide details to ensure we can accommodate your needs:	
Do you have any special dietary requirements: Yes/No	
If yes, please provide details in order that we can notify the places we will be eating:	
Is there anything else you would like us to know about you?	