Knowing Your True Nature Retreat Reservation and Payment Form

Join me for a 12-day adventurous retreat, including six Ayahuasca ceremonies.

Included: Lodging, airport pickup, shamanic orientation, instruction, plant baths, shamanic consultation, integration, personalized healing, and meals at the lodge. Remedies included if recommended by shaman.

Not included: Airfare, dinners outside of lodge, tips, and personal purchases.

Retreat Dates: September 1, 2019 through September 12, 2019 (12 days, 11 nights)

Total Cost: \$2,123.00 U.S. dollars

Deposit Required by June 15, 2019: \$600.00 U.S. dollars **Balance Required by July 15, 2019**: \$1,523.00 U.S. dollars

Please complete this form to reserve your participation in our retreat.

| Name: | Phone: |
|-----------------------------|---|
| Address: | |
| Email: | Passport No: |
| Emergency Contact Details | : |
| Name: | Relationship to you: |
| Contact No.: | |
| Medical Details: | |
| List medications and/or he | erbs: |
| | |
| | ression, high blood pressure, etc.,) and/or injuries: |
| | |
| Payment Plan: | |
| ☐ I have paid in full for t | he retreat (\$2,123.00 U.S. dollars) |

☐ I have paid the deposit for the retreat (\$600.00 U.S. dollars)

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About You: Please provide a brief description about yourself: What is your intention for this journey with plant medicine? If you have any previous experience with ayahuasca, please describe your experience: Note: Any medication that contains MAO inhibitors (MAO-Is) are known to cause dangerous side effects when taken in conjunction with ayahuasca. Please list your health issues, if any: ______ Is there anything that would prevent you from being in the jungle and walking moderately? Do you have any dietary requirements? Signature _____ _____ Date _____