



To help you fill out this form, please refer to the corresponding notes in the Terms and Conditions.

1. Student Astrologers Weekend

Please tick the dates you will be attending the Weekend, and your boarding or lunch requirements.

Astrologers Weekend	Fri 5 Oct	Sat 6 Oct	Sun 7 Oct	Mon 8 Oct		Total for Weekend
Fee		£30	£30	£30		
Daily Totals		£	£	£		£

Resident or Day Attendee	Fri 5 Oct	Sat 6 Oct	Sun 7 Oct	Mon 8 Oct		Total for Resident or Day Attendee
Full Board	£60	£60	£60			
Half Board				£53		
Lunch Only		£8	£8	£8		
Daily Totals	£	£	£	£		£

1a. Cost

Please fill in your weekend total and minus any discount. Then fill in your resident/attendee total and add the two together. Deduct any deposit from this, and enter the balance due.

	Per Person	
Astrologers Weekend	£	
Early Bird Discount	£	(-)
Sub Total	£	(=)
Resident/Attendee	£	(+)
Single Occupancy	£	(+)
Total	£	(=)

Deposit (20% of Total)	£	(-)
------------------------	---	-------

Balance Due	£	(=)
-------------	---	-------

1b. Accommodation Requirements

Please circle your gender.

Same-Sex Shared	Male / Female
Single Occupancy	Yes / No

1c. Dietary Requirements

Please circle your preference.

Vegetarian	Yes / No
Vegan	Yes / No

Do you have a medically diagnosed food allergy or intolerance?	Yes / No
--	----------

If yes, please provide details here:

2. Payment Method

Please choose one of the following:

a) I enclose a Cheque/Postal Order made payable to The White Eagle Lodge for											£									
b) Please debit my Debit/Credit Card with the following amount											£									
Debit/Credit Card Number																				
Name of Card Holder																				
Expiry Date					/			Security Code												
Signature								Date												
c) I have made a Bank Transfer to sort code 16-00-38 account no. 11371954 for											£									

3. Contact Details

Please fill in your name and address.

Title	First Name & Surname	
Address		
Postcode		
Country		
Telephone	Mobile	
Email		

3a. Personal Details

Please provide the following information.

Are there any medical issues we should be aware of?		Yes / No
If you have answered yes, please provide a brief description here:		

3b. Emergency Contact Details

In case we need to contact your next of kin.

Title	First Name & Surname	
Telephone	Mobile	
Relationship		

3c. Marketing

Tick if you do not wish to receive mail shots.

No thank you to mailings			
Please tell us where you heard about us.			
Brochure	Website	Advert	Other

4. Declaration

I am over 18 and I have read and agree with the terms and conditions.

Signature	Date
-----------	------

Please retain the terms and conditions for your reference and send this form, along with your deposit (or full amount if less than six weeks), in the envelope provided. We will send you confirmation of your booking shortly. Thank you.

The White Eagle Lodge ◦ New Lands ◦ Brewells Lane ◦ Liss ◦ Hampshire ◦ GU33 7HY

Tel: 01730 893300 ◦ International Tel: +44 1730 893300

Email: retreats@whiteagle.org ◦ Website: www.whiteagle.org

Registered Charity in England and Wales (No. 1156336) ◦ A company limited by guarantee (Company No. 08645252 – England and Wales)