



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

1. Astrology Gathering

Please tick the dates you will be attending the Gathering, as well as your boarding or lunch requirements. Then add up the total for each day and for the whole weekend.

| Resident or Day Attendee for Gathering | Fri 15 May | Sat 16 May | Sun 17 May | Mon 18 May | Weekend Total For Resident or Day Attendee |
|--|---------------|---------------|---------------|---------------|--|
| Fee | | £45 | £45 | £45 | |
| Full Board | £60 | £60 | £60 | | |
| Half Board | | | | £53 | |
| Lunch Only | | £8 | £8 | £8 | |
| Daily Totals | £ | £ | £ | £ | |

1a. Cost

Please fill in the relevant amounts.

| | Per Person |
|---------------------|------------|
| Gathering | £ |
| Less £50.00 Deposit | £ (-) |
| Balance Due | £ (=) |

1b. Contact Details

Please fill in your name and address.

| | |
|-----------|----------------------|
| Title | First Name & Surname |
| Address | |
| Postcode | |
| Country | |
| Telephone | Mobile |
| Email | |

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. Accommodation Requirements

Rooms are single occupancy but if you are happy to share then please indicate in the box below. If you have a friend or relative you wish to share with then please write their name.

| | |
|-----------------|---------------|
| Happy to Share | Yes / No |
| Gender | Male / Female |
| Friend/Relative | |

3a. Dietary Requirements

Please circle your preference.

| | |
|------------|----------|
| Vegetarian | Yes / No |
| Vegan | Yes / No |

| | |
|--|----------|
| Do you have a medically diagnosed food allergy and/or intolerance? | Yes / No |
| If yes, please provide details here: | |

4. 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: | |

4a. Emergency Contact Details

In case we need to contact your next of kin.

| | |
|--------------|----------------------|
| Title | First Name & Surname |
| Telephone | Mobile |
| Relationship | |

4b. 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 |
|----------|---------|--------|-------|

5. 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), in the envelope provided. We will send you confirmation of your booking shortly.

Thank you for choosing The White Eagle School of Astrology.



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

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