

Boženka's Dance Lab

A Dance Intensive and Cultural Retreat
Crete, Greece

PERSONAL INFORMATION FORM

Name:	Email:
Cell Phone:	Address:
Emergency Information	
In case of emergency, who would you like us to contact? Emergency Contact Name: Relationship: Emergency Contact Phone: Emergency Contact Email:	Have you spoken to your health insurance provider and do you know whether they cover you in international travel? Name of insurance company: Insurance your policy number:
Room Information	
Do you want single or double occupancy? (Surcharge will apply to single occupancy.) Single _____ Double _____	If double occupancy is chosen, do you know who you want to room with? If so, please provide name:
Do you smoke? Yes _____ No _____	
Medical Information	
Do you have any dietary restrictions? Yes _____ No _____	If so, please list dietary restrictions:
Any food allergies? Yes _____ No _____	If so, please list:
Do you have any other allergies? (e.g., to bee stings, poison ivy, etc.) Yes _____ No _____	If so, please list:
Do you have any health condition or history that may be relevant to your safety during this trip? Yes _____ No _____	If so, please describe your health condition or history here:
Additional Information	
Are you interested in performing as a soloist in the evening show? Yes _____ No _____	

If you have additional questions, contact: bozenkainfo@gmail.com