



ELKE FLEPS
GLÜCKLICHE ZEITEN

Registration

Fasting week in Norfolk at Ruthie Smith's small informal retreat venue from Saturday 3rd of June to 10th of June

I hereby register for the fasting week with Elke Fleps

Surname	First and last name	_____
Address	Street, number	_____
	ZIP code, city	_____
Date of birth		_____
Fasting experience	<input type="radio"/> Yes <input type="radio"/> No	
Contact details	E-mail address	_____
	Telephone number	_____
Information you would like to share and any questions you may have		_____

Registration is on a first come first served basis. Anyone who transfers the amount of **£ 395** for the whole 7 days to the account of **Elke Fleps IBAN DE44 5001 0517 5417 3094 32 (ING)** and returns the signed registration form is registered. Early booking is advised - the deadline for registration is **18 May 2023**.

An additional fee of **£120** includes accommodation, fasting meals and tea and is payable separately to Ruthie Smith in May. Rooms vary from ensuite to a sofa bed in the living room: Bank Details: - Account name: **The Flame Centre, sort code 09-01-27, account no. 49887721, Ref: Surname YYYY, eg. DAVIES2306.**

Conditions and Cancellation Policy:

Cancellation by the organiser will result in a full refund.

Cancellations by the participant have the following conditions

o Cancellation before 30th April: 30% fee will be deducted.

o Cancellation between 1st May and 6th May: 60% fee will be charged.

o 4 weeks prior to the retreat, i.e., from 7th May onwards - we expect you to find someone to attend the retreat in your place. Otherwise, the full amount is payable.

The fasting week is for health prevention and is for healthy people. It is not a therapeutic fasting in the clinical sense under medical supervision. The prerequisite for participation is therefore that the participant is medically fit to fast. This suitability will not be checked on site. By registering, the participant declares that he/she is in good health (in particular, that he/she does not suffer from an eating disorder, or suffers from an addiction), that he/she is taking part in the fasting week on his/her own responsibility, and that he/she is over 18 years of age. If you have any doubts about your health, you must first consult your doctor and/or contact the fasting team.

Date: _____

Signature: _____

Send the completed form by e-mail to:

info@elkefleps.de