

Register Form Kitralma 2020

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|--|---|------------------------|---|
| Name: | | Pasaporte: | |
| Address: | | Telephone / Cel: | |
| City: | State: | Country : | Postal Code: |
| Current Occupation : | | Office Phone | E – mail: |
| Date of Birth: | Civil Status: Single Married Divorce Widow <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | Sex: M F <input type="checkbox"/> <input type="checkbox"/> |
| Have you participated in intensive work before? Which one? | | | |
| Do you have any health problem? ¿Wich one? (Diabetes, respiratory problems, heart, etc ...) | | | |
| Do you have any physical problem? Wich one? | | | |
| Have you done or are you in medical, psychological or psychiatric treatment? ¿Reason? | | | |
| Are you taking any medication? Wich one? | | | |
| Did you have any serious illness or surgery? ¿Wich one? | | Blood type / RH factor | |
| Who was the person who invited you and excited you to participate in this experience? | | | |
| Vision Quester of: 4 days___ 7 days___ 9 days___ 13 days___ With commitment ___ Without commitment___ Support ___ | | | |
| What name and reference phone number do you want to leave to contact if necessary? | | | |

The data provided here are confidential and should only be understood as a support for the organizers. If there is anything else you want to tell or ask without writing down, do not hesitate to approach any of them.

Any observation you wish to make, please on the back of this sheet or writte us by mail