



REGISTRATION FORM

Full Name: _____

Date of birth: _____

Full Address:
(Street, City, Country) _____

Main Email Address: _____

Telephone Number: _____

Please answer the following questions:

- Are you interested in joining the Full 2022 BODY2DRUM Training?

YES / NO If no, which? _____

If your answer is **YES**, that means you will attend the 4 workshops of the year. If your answer is **NO**, please let us know how many and which workshops you want to attend specifically.

- What is your room preference?

1. Single Room / 2. Double Room / 3. Single Room with shared bathroom

- In case there are not enough single rooms, could you consider sharing a room with someone else?

YES / NO

- Do you have any specific physical condition that we should be aware of for the accommodation process?

YES which? _____ / NO

- Do you have any food allergies?

YES which? _____ / NO