

This letter is to inform you about the GMMT weekend **16<sup>th</sup> – 18<sup>th</sup> September 2016** at the **TREEFIELD EVENTS PARK, MCSHANES RD, WAINUI BAY, GOLDEN BAY.**

## **TIMES**

The event begins at **Tui Education Centre** 1km before the Wainui Bay car park of the Abel Tasman Park, 25mins drive from Takaka. Please time your arrival to be there on **Friday September 16<sup>th</sup> at 6pm**. The event will end on **Sunday 18<sup>th</sup> September** at around **4pm**. You are invited to stay another night and relax/rest before traveling if you wish, also to note that the events can be intensive and we have found it advisable, where possible, to have some time before returning to work or similar commitments.

**Please be thorough with your transport arrangements allowing enough time for connections at either end of the event. Also note that there is a 2-hour journey from Nelson to Wainui, with limited public transport available.**

We can possibly assist participants to pool transport but this is dependent on where people are coming from.

## **PLEASE BRING**

- **An image or item that represents you when you were around 14 yrs old**
- **A small gift that is special to you, to give away.**
- **A candle to represent you**

Sacred or Special objects that connect you to your deeper self/spirit  
Musical instruments - drums, rattles, guitars, flutes, didgeridoo's etc  
Bedding - sleeping bag, pillow, blankets, and/or sheet, duvet/duonah etc.  
Personal clothing and toiletries, shorts, T-shirts, socks, towel  
Swim wear, Warm clothing- Jacket / Jersey / fleece/ old clothes to get messy  
Footwear for walking and a spare pair, gumboots if you have them or shoes to get wet.  
Wet weather gear, waterproof jacket & pants  
Torch/flashlight and spare batteries

## **PLEASE DON'T BRING**

Alcohol, drugs, radios, cameras and computer equipment etc. We want to keep the event as natural as possible. Tracks will be providing accommodation so you don't need to bring tents.

## **MEALS**

If you have any specific dietary requirements, please let us know in advance on your medical form.

## **TRANSPORT**

Please advise us if you need or are able to share transport - we can help to coordinate rides.

## **HEALTH**

This is an active training so when filling in your medical form please inform us of all relevant details, levels of ability, conditions, medications and any additional support required.

## **PRICE OF THE COURSE**

This course is tightly costed at **\$350** as we are keen to have you with us.

If you need support with finance *please* ask us. Money should not be a barrier and we can work together.

## **WHAT NEXT?**

**To secure your place fill in the registration and medical forms and return them to the office with your \$100 deposit.**

Where possible we would appreciate full payment prior to the start of the event.

Monies can also be posted or electronically paid into our account: **Rites of Passage Foundation # 03-1354-0298064-00**

*(please identify your payment with a surname and the date of the event e.g. Horton GMMT 0115 as reference on the deposit.)*

## **RESPONSIBILITY OF PARTICIPATION**

**Tracks events are intensive and people are asked to take care of themselves and be responsible for their participation. The events are co-created and we encourage you to be who you really are and to show your feelings. Non-violence, confidentiality and freedom of choice underpin all Tracks events.**

If you have ANY queries or questions about anything, please get in touch with Adge at the office. Looking forward to seeing you.



## TRACKS REGISTRATION FORM

Event Type and Date (e.g. GMMT 09 2015): \_\_\_\_\_

Please make cheques out to **Rites of Passage Foundation** and if paying by internet banking could you identify your payment with a surname and the date of the event e.g. Horton GMMT 0115, and send an email to confirm the payment.

**Rites of Passage Foundation's account:**

**NBS Takaka: 03-1354-0298064-00**

Participant's first name(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Date of birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Participant's Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Amount paid, how and when: \_\_\_\_\_

**Please note that the deposit is non-refundable and that participants are liable for the full fee if cancelling within 7 days of the event start date.**

Signature: *"I hereby agree to the terms and conditions outlined by this registration form."*

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

**TRACKS MEDICAL FORM:**

These details will be kept confidential by the Rites of Passage Foundation.

**NAME & DETAILS**

Surname: \_\_\_\_\_

First name(s): \_\_\_\_\_

Do you suffer from **ANY** medical conditions? (eg. Asthma, high blood pressure) **YES / NO**

**It is IMPORTANT that you disclose ALL medical conditions prior to attending, as certain conditions can have a bearing on participation in some parts of the programme.**

**If YES please give further details including any medications etc.**  
(please use additional space if necessary.)

**Any Specific Dietary Requirements?****EMERGENCY CONTACT PERSON**

Surname: \_\_\_\_\_

First name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. Home: \_\_\_\_\_

Mobile: \_\_\_\_\_