

Good Men Make Tracks

GMMT - Training for Men

This is an experiential weekend for men with an interest in rites of passage, transition and life stages, whether in relation to himself, his family or his community.

If you choose, this is also the way to become more involved with Tracks and learn how to formulate rites of passage effectively for boys and men in today's world.

The program consists of discussion, group work, games, creating and experiencing ceremony and ritual, physical challenges and being nature.

Through this training you will gain understanding of:

- Rites of Passage
- Tracks culture
- Communication and group work skills
- Issues young people face today
- Tracks programs
- Mentoring young people

Venue: **Treefield Events Park, McShane Rd, Wainui Bay**

This is a mainly outdoor facility - hot showers, indoor learning space, catered kitchen, and tipi for shared sleeping make for comfortable camping.

April 3rd – 5th 2020

Start: 6:00pm Friday

Finish: 4pm Sunday

Cost: \$350

We are open to installments.

To register please fill out and send forms below.

Contact: info@tracks.net.nz or 027 309 8871

Looking forward to meeting you!

This letter is to inform you about the GMMT weekend **3rd April – 5th April 2020** 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 April 3rd at 6pm**. The event will end on **Sunday 5th April** 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 0418 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.

rites of passage foundation

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Ph: 03 525 8778 • Email – info@tracks.net.nz

www.tracks.net.nz



TRACKS REGISTRATION FORM

Event Type and Date (e.g. GMMT 09 2020): _____

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 0419, 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: _____